EXHIBIT D

Deposition Transcript of William J. Vigilante, Jr., Ph.D., CPE (09.23.16)

PAGE:LINE(S) CITED IN MEMORANDUM OF LAW

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                       VOLUME II
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           UNITED STATES DISTRICT COURT
           FOR THE DISTRICT OF CONNECTICUT
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     RACHEL DENNERT,
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               Plaintiff,
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          -vs-
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     MEDTRONIC, INC.; ) Civil Action No.
MEDTRONIC MINIMED, ) 3:11-CV-01229 (SRU)
     INC., d/b/a MEDTRONIC
     DIABETES, a Division of
     MEDTRONIC, INC.
     (improperly named as
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     MEDTRONIC DIABETES);
     UNOMEDICAL DEVICES SA
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     de CV and UNOMEDICAL
     A/S,
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              Defendants.
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               WILLIAMS CUKER BEREZOFSKY
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           1515 MARKET STREET - SUITE 1300
          PHILADELPHIA, PENNSYLVANIA 19102
16
                  SEPTEMBER 23, 2016
                      10:27 A.M.
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         CONTINUED VIDEOTAPED DEPOSITION OF
        WILLIAM J. VIGILANTE, JR., Ph.D., CPE
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      REPORTED BY:
      DEBRA SAPIO LYONS, RDR, CRR, CRC, CCR, CPE
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      JOB NO. 112521
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Page 271	Page 272
September 23, 2016 Continued videotaped deposition of William J. Vigilante, Jr., Ph.D., CPE, held at the offices of Williams Cuker Berezofsky, 1515 Market Street, Suite 1300, Philadelphia, Pennsylvania 19102, before Debra Sapio Lyons, a Registered Diplomat Reporter, a Certified Realtime Reporter, a Certified Realtime Captioner, a Certified LiveNote Reporter, an Approved Reporter of the United States District Court for the Eastern District of Pennsylvania, a Certified Court Reporter of the State of New Jersey, a Notary Public of the States of New Jersey, New York and the Commonwealth of Pennsylvania.	APPEARANCES: WILLIAMS CUKER BEREZOFSKY BY: ALAN SKLARSKY, ESQUIRE Woodland Falls Corporate Center 210 Lake Drive East Cherry Hill, New Jersey 08002 Attorneys for Plaintiff Rachel Dennert MASLON BY: DAVID SCHULTZ, ESQUIRE (Present via Videoconference) 3300 Wells Fargo Center 90 South Seventh Street Minneapolis, Minnesota 55402 Attorneys for Defendant Medtronic, Inc.; MEDTRONIC MINIMED, INC., d/b/a MEDTRONIC DIABETES, a Division of MEDTRONIC DIABETES) THOMPSON HINE BY: Z. ILEANA MARTINEZ, ESQUIRE (Present via Videoconference) Two Alliance Center 16 3560 Lenox Road Atlanta, Georgia 30326 Attorneys for Defendant Unomedical Devices SA de CV and Unomedical A/S ALSO PRESENT: GERARD ALFE, LEGAL VIDEO SPECIALIST TSG REPORTING
1 W. VIGILANTE 2 THE VIDEOGRAPHER: This video 3 deposition is now continuing. The witness 4 has been previously sworn. His name is 5 William J. Vigilante, Jr. 6 Please continue. 7 MR. SCHULTZ: Good morning, 8 Mr. Vigilante. 9 THE VIDEOGRAPHER: Oh, excuse me. 10 I'm sorry. The date is September 23rd, 11 2016. The time 10:27. 12 WILLIAM J. VIGILANTE, JR., Ph.D., 13 CPE, having been previously sworn, was 14 examined and testified as follows: 15 EXAMINATION 16 BY MR. SCHULTZ: 17 Q. Good morning, Mr. Vigilante. This 18 is David Schultz from the Maslon firm in 19 Minneapolis. 20 Can you hear me? 21 A. Yes. 22 Q. Okay. Thank you. 23 Mr. Vigilante, have you done, 24 other than coming for this deposition, have 25 you done additional work on this case since we	1 W. VIGILANTE 2 first started your deposition? 3 A. Yes. 4 Q. What have you done? 5 A. I reviewed my deposition 6 transcript and I reviewed my file to prepare 7 to come to today, and then I spoke with 8 Mr. Haverty. 9 Q. Okay. Am I correct in assuming 10 that you have not changed or modified your 11 opinions since last we spoke? 12 A. Correct. 13 Q. Okay. And having reviewed your 14 testimony, did you see anything in your 15 testimony that you felt needed to be corrected 16 or clarified? 17 A. I don't think so. 18 Q. Okay. All right. I want to go 19 back and just finish up briefly on some of the 10 material we were talking about on the 11 Medtronic human factors analysis that was 12 undertaken during the design process for the 13 P-cap; and I don't want to revisit all of your 14 opinions or retread all of the testimony, but 15 at least as I recall it from your report, one

Page 275 Page 276 1 1 W. VIGILANTE W. VIGILANTE 2 2 of the criticisms that I think you had is that A. I believe so. 3 the human factors or use analysis -- or the 3 O. Okay. But we don't have -- that's 4 use study -- usability study that was done at 4 a description that -- that is given, but 5 5 the time in or around 2000 was, in your neither you nor I have seen that test IFU: 6 6 opinion, deficient in part because the IFU correct? 7 7 that was used with the test subjects was A. Yeah, that IFU has not been 8 8 different from the IFU that was eventually provided in discovery. The --9 9 shipped with the products to Rachel Dennert. Q. You're aware --10 10 Is that a fair summary? A. The -- I'm sorry. 11 A. Yes, the -- the IFUs that were 11 Q. -- that during the use of -- I'm 12 tested and the process for filling the 12 sorry. 13 13 reservoir that was tested was changed from the A. I was going to say that there were 14 14 time that those studies were done to the IFU multiple IFUs that were tested and none of 15 15 and process that was presented to them were -- multiple versions of the IFU that 16 16 Mrs. Dennert. were tested or assessed in the usability 17 17 Q. Okay. And one way in which I studies, and none of them were -- were 18 18 think you said the IFU was different was that produced in discovery. 19 19 the IFU that was used for testing depicted the Q. Okay. And if Medtronic says they 20 insulin vial at the point of removal of the 20 don't exist, you have no reason to quarrel 21 21 reservoir, depicted it on a table or surface with that, do you? 22 22 when the reservoir is removed, and that that A. I wouldn't know. 23 23 depiction is not carried forward into the IFU Q. Okay. One of the things -- let me 24 that was shipped with Rachel Dennert. 24 stop for a second. 25 Do I have that right? 25 MR. SCHULTZ: Ileana, I can see Page 277 Page 278 1 1 W. VIGILANTE W. VIGILANTE 2 you're having some difficulties. 2 belief that the original IFU that was used in 3 3 THE WITNESS: I think she just went the usability study physically depicted the 4 4 vial on the table at the time the reservoir away. 5 MR. SKLARSKY: We lost her at this would then be removed from the transfer guard? 6 6 end. A. In part. 7 7 Q. Okay. What else do you attribute MR. SCHULTZ: We just lost her here 8 8 too. Why don't we go off the record and it to? 9 9 wait. Sorry. A. Well, the fact is the IFU -- the 10 THE VIDEOGRAPHER: We're now going 10 IFUs that were tested based upon their 11 11 off the video record. The time 10:31. description in McConnell's deposition, the 12 12 insulin vial never left the table. So it was (A recess is held from 10:31 a.m. to 13 13 10:32 a.m.) placed on the table, connected to the transfer 14 THE VIDEOGRAPHER: Back on 10:32. 14 guard and reservoir, air pumped into it, 15 15 BY MR. SCHULTZ: medication removed from it into -- or 16 16 Q. Mr. Vigilante, you're aware that transferred into the reservoir, and the 17 during the usability studies that were 17 reservoir removed from the transfer guard all 18 performed by Medtronic in 2000 or thereabouts 18 with the insulin vial on the table, so it was 19 during the development of the P-cap, none of 19 never removed from the table. 20 20 the users who were part of that study were Q. Okay. 21 21 reported to have removed the reservoir from A. So second -- the second part is, 22 22 the insulin vial with the insulin vial above is that the study was done with employees of 23 23 the reservoir; correct? the Clinical Services Department, and I don't 24 24 have any information on whether or not those A. Yes.

Q. Do you attribute that to the

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folks had any inclination or were aware of the

Page 279

Page 280

W. VIGILANTE

potential problems with doing the task any other way. Again, this wasn't a representative sample of the user population, so we don't know if that affected the -- their actions and -- and so forth.

- Q. Okay. If -- if the IFU that had been shipped with Rachel Dennert's devices had depicted the reservoir -- or rather the insulin vial on the table at the time the reservoir is removed, would that have been adequate in your view?
 - A. No.

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- Q. Why not?
- A. Well, first, it depends on what the prior steps were, but more importantly, it needed a warning to let folks know that the potential for any fluid, including the insulin, getting on the top of the reservoir or contaminating the bottom of the -- the P-cap was problematic and can lead to serious injury.
- Q. Would the -- would you agree -set aside the question of warning for a second. Would you agree that if the IFU

W. VIGILANTE

shipped with Rachel Dennert's devices depicted the vial on the table when the reservoir is removed from it as an instruction, would that have been clear? Not as a warning. We'll get to that side of it, but...

- A. It -- it depends on what the prior steps were and the other steps were and then also how it was depicted.
 - Q. Okay. Can you elaborate on that?
- A. Well, you're asking me to give an answer to a hypothetical. I mean, this could be the worst IFU in the world ever developed, and in Step 6 it shows or attempts to show that the vial is sitting on a table. So I can't give you an opinion that that hypothetical IFU would have been appropriate or not. Without seeing it, you know, you -- you can't make a assessment based upon a single step without understanding the totality of the other steps and the way it's presented.
- Q. Okay. So you can't -- you can't opine on whether a step showing the reservoir being detached with the vial actually on the table, as to whether that would be clear and

Page 281

Page 282

W. VIGILANTE

adequate to instruct the user whether to remove the reservoir from above the vial?

MR. SKLARSKY: Note an objection. I'm not sure you're restating his testimony quite as he gave it.

And the only other thing, Dave, do you -- do you have -- since you're describing a particular IFU, and I realize I'm, you know, a newcomer to the case, do you -- do you have such a document that can be shown to him that you're describing?

MR. SCHULTZ: Well, the documents are what they are in the case. I'm just asking if you can answer the question as asked.

MR. SKLARSKY: So as -- as a hypothetical at this point?

MR. SCHULTZ: Go ahead.

- A. Yeah, the -- based upon the information you've given me, I don't have enough information to -- to make an assessment.
 - Q. Okay.
 - A. It's an incomplete hypothetical.

W. VIGILANTE

Q. If -- if you would look at --

MR. SCHULTZ: Madame Court Reporter, if you would hand Mr. Vigilante Exhibit Number 11, which is his supplemental report dated June 16th of 2016.

THE WITNESS: Thank you.
(Exhibit Vigilante-11, letter dated
June 16, 2016 addressed to Kevin Haverty,
Esq., was previously marked for
identification.)

COURT REPORTER: He has it. MR. SCHULTZ: Thank you.

Q. Doctor, just directing your attention to Page 1 of your report, the supplemental report, Exhibit 11, I just want to make sure I'm clear on what is being communicated here. In the last paragraph on the first page we're talking about this issue of the IFU that was shipped with the devices having been changed after the second usability study, and you write in that paragraph, "Although Medtronic was aware of this potential," referencing above, "they changed the IFU after the human factors studies."

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Page 283

W. VIGILANTE

W. VIGILANTE And your basis for that is the statement, or the deposition testimony of Susan McConville, correct -- or McConnell?

2 usability study, and the usability -- excuse 3 me, the usability study described the IF --4 described in part the IFUs that were provided 5 or were assessed during those studies. And 6 then I also --7

Page 284

A. Yeah, the -- I'm referring back to Mrs. McConnell Mon -- Montal -- Montal -- I'm sorry. I don't know how to pronounce her last name -- deposition testimony for that sentence, but I also know that the IFU that was shipped with Ms. Dennert's infusion set was different than the ones they tested.

Q. Right.

Q. Okay. And I just want to make clear you're relying on the testimony of Susan McConnell for that as opposed to something

A. -- had the IFU that was included in the infusion set that Mrs. Dennert was using. Q. Right.

that you, yourself, have viewed; correct? A. I don't understand the question.

12 A. So I think based upon the 13 testimony, the exhibits, and the --14 the subject IFU, I can support those 15 statements. 16

So can you rephrase it, please? Q. Sure. I'm just trying to make sure I have your opinion which is based on the testimony of Susan McConnell; right?

Q. Okay. Fair enough. I'm just trying to understand. I mean, so you had the usability studies and you have the current IFU and Ms. McConnell's testimony about those documents; correct?

A. In part.

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A. Yes.

Q. On this -- on this aspect of the change of the IFU?

Q. Okay. In the IFU that was shipped with Rachel Dennert's devices, are you -- they depict, among other things, hands that are holding the reservoir and insulin vial;

A. Well, in part. I mean, the -- the exhibits to her deposition included the

Page 285

Page 286

W. VIGILANTE

correct?

A. Yes.

Q. Is it your belief that that depiction instructs the user that they should use the particular hands in the particular

orientation as depicted?

In other words, if the IFU depicts the person in the -- in the graphic using the right hand to remove the reservoir, is it your understanding that the IFU is commanding that person or directing that person that they have to use their right hand to remove the reservoir?

A. Well, we talked about this last time. The answer is yes and no.

Q. Okay. Explain that to me, would vou?

A. Sure. The IFU depicts the strong hand as the right hand, so certainly left-handed people would naturally reverse it. I think that's the -- the way it's typically done. When you're giving people fine motor skills and you're giving them instructions regarding those fine motor skills, they

W. VIGILANTE

reverse it because, you know, they're a minority in the -- in the world and they understand that typically the instructions are -- are done for right-handed strong hand folks.

Second is that the IFU doesn't tell you whether or not you have to do it exactly the way it's depicted, but we know that if you don't do it exactly as it's depicted in at least some of the steps, there are really severe catastrophic consequences. So it's either it doesn't matter whether you follow the IFU exactly or you have to follow it exactly; and in this IFU, Mini-Med hasn't made it clear what the -- what the intent and purpose is.

So you're arguing that Ms. Dennert did it wrong, but there's nothing in here that says you have to do it exactly. So you can't argue and have it both ways. Either you have to follow it exactly or you have leeway; and either way it's not a very good IFU.

Q. Isn't there really a middle ground, though, that the IFU communicates what

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Page 287

W. VIGILANTE

W. VIGILANTE steps you have to do such as removing the reservoir from the vial with the reservoir above, but naturally leaves it to the user to figure out which hand they'd prefer to do that step with; isn't that a fair interpretation?

but that's a -- that's a terrible way to do

it exactly like this because if you don't do

it exactly like this, there's catastrophic

consequences.

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A. That might be your interpretation, instructions. So either you're allowing the user to make assumptions and to use their own preferences or you tell them they have to do 14

15 16 You can't say, well, they can kind of do what 17 18 19 20 21 22 23

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they want in some of the steps and within a step they can do it the way they want, but on Step 6 they have to have the vial -- the insulin vial under the reservoir because you can possibly die if you don't. You can't have it both ways, and, you know, that was one of the things I tried to explain in the last

So you can't have it either way.

that -- this is a simple question. Either you agree or you don't agree, and I suspect I know your answer. But isn't it the case that it's -- that the IFU is communicating "Take the reservoir, remove it from the transfer guard with the vial beneath the reservoir," but that even though it shows somebody doing that, it's not saying "And you have to use this particular hand to do it"? Isn't the -the point of the instruction the relationship between the reservoir and the vial?

A. Again, there's no intention identified on the IFU for what Medtronic and Unomedical intended. So did they intend it to be followed literally or did they intend it to be followed figuratively with preferences to the user? Again, it's not communicated. But we do know that if you don't follow Step Number 6 in flipping it, it produces catastrophic -- potentially catastrophic damages, but there's nothing to alert you to the fact that that's the case; and there's nothing to alert you to the fact that if you

want to change hands, that's okay, but if you

Q. Well, what I was getting at is

Page 289

Page 290

Page 288

W. VIGILANTE

want to change orientation, that's absolutely not okay. So, again, it's not -- it's not the right way to do instructions.

MS. MARTINEZ: Object to the answer. Move to strike.

MR. SCHULTZ: Join the objection.

Q. Well, let's -- let's do this doc -- Mr. Vigilante. Let's turn to your first report.

MR. SCHULTZ: Madame Court Reporter, I believe it was previously marked as Deposition Exhibit Number 10. (Exhibit Vigilante-10, Report of

William J. Vigilante, Jr., PhD, CPE dated April 19, 2016, was previously marked for identification.)

COURT REPORTER: He has it. MR. SCHULTZ: Thank you.

Q. Mr. Vigilante, if you would turn to Page 19 of your report, Exhibit Number 10?

A. (The witness complies with the request of counsel.)

Okay.

Q. In the fourth full paragraph on

W. VIGILANTE

that page you write, (as read): "Medtronic and Unomedical's failure -- Unomedical's failure to provide adequate instructions and warning was improper and unreasonably dangerous, rendered the Paradigm reservoir and infusion set defective and unreasonably dangerous, and caused Rachel Dennert's injury."

You see that?

A. Yes.

Q. Can you explain how it caused Rachel Dennert's injury?

A. Yeah, I'm relying upon Michael Klimowicz's analysis that the -- that the --Mrs. Dennert experienced a -- an uncontrolled and unknown injection of insulin due to the anomaly associated with the blockage of the vents and that that unknown injection of insulin caused the -- the injuries that she suffered.

Q. Okay. And aren't you also -maybe you're not.

Are you also testifying that the reason that Rachel Dennert experienced

Page 291 Page 292 1 1 W. VIGILANTE W. VIGILANTE 2 2 temporarily blocked vents on the P-cap is MR. SCHULTZ: Well, I'm sorry. If 3 3 because she removed the reservoir -- reservoir I -- if I missed it, I missed it, but I 4 from beneath the vial and that that was a 4 didn't hear that. 5 5 result -- her decision to do that or her A. Yeah. I'm sorry. The IFU and --6 practice in doing that was because of 6 the IFUs failed to provide adequate warning to 7 7 something about the IFU? alert Rachel Dennert on how to do the steps 8 8 A. Yeah, I'm sorry. I thought we properly to prevent insulin from getting on 9 9 were -- we were focussed on the -- the injury the top of the reservoir before she puts it on 10 10 causation as opposed to the event causation. the P-cap, and it failed to instruct her, 11 So the failure to provide adequate 11 informed her to ensure that there was no 12 instructions and warnings deprived her of the 12 contaminant on top of the reservoir before 13 information she needed to, to use the infusion 13 connecting it to the P-cap. So, again, 14 set and reservoir correctly and prevent the 14 Mr. Klimowicz -- Dr. Klimowicz has opined that 15 fluid, including insulin, from getting on the 15 the prime fill anomaly was caused by the 16 top of the reservoir and contaminating the 16 blockage of the -- of the cap, of the vents on 17 17 underside of the P-cap. the P-cap. So the vents --18 Q. Yeah. And I'm -- what I'm asking 18 Q. Yeah, I understand that part. 19 then is for you to explain how it is that 19 A. The vents --20 what you opine as the inadequacy of the 20 Q. I guess what I'm --21 infusion set, or the IFU for the reservoir 21 (Reporter clarification -22 rather, caused this to happen? 22 simultaneous speaking.) 23 MR. SKLARSKY: Dave, didn't he -- I 23 MR. SKLARSKY: Yeah, let him finish, 24 thought he just answered that question. 24 so you can then ask the next question. 25 It's the same question. 25 MR. SCHULTZ: I'm sorry. You know, Page 293 Page 294 1 W. VIGILANTE 1 W. VIGILANTE 2 2 listen, I just didn't hear him. Okay? and warnings; correct? 3 MR. SKLARSKY: Okay. A. Well, I define instructions and I 4 4 MR. SCHULTZ: I'll -- be patient define warnings. Sometimes instructions have 5 with me. I haven't done this by video 5 warnings and sometimes warnings have 6 conference before. I thought he was done. 6 instructions. 7 Q. So what's the -- what's the 7 MR. SKLARSKY: Okay. 8 THE WITNESS: Yeah, that's okay. difference? 9 Well, am I right that an 9 I kind of lost my train of thought. 10 A. So it's my understanding 10 instruction tells a user how to do something 11 11 and a warning gives the user information about Dr. Klimowicz has determined the manner in 12 12 the danger of doing it or not doing it a which the insulin was allowed to flow 13 13 certain way -uncontrolled and unexpected was due to the 14 blockage of the vents. Whether it was insulin 14 A. Yeah, typ --15 15 or another contaminant, I don't know for sure. Q. -- or following or not following 16 16 The insulin seems to be the -- the most instructions? 17 17 likely, but I can't rule out that there was A. Yeah, typically instructions are 18 another -- another contaminant. I think 18 provided to inform somebody how to do 19 19 something the proper way to do it, the correct the -- that's the -- that's the easiest way to 20 20 way to do it; and if there are hazards put it. 21 21 Q. Yeah, and I -- I'm really asking associated with the improper way of doing it 22 you a different question. So let me -- let me 22 or even hazards associated with the proper way 23 23 back up and we'll come at it a different way. of doing it, warnings call attention to the 24 24 First of all, in your -- in your presence of the hazard, identify it, alert the 25 25 report you distinguish between instructions user to the hazard, identify what it is, and

Page 295

W. VIGILANTE

what's needed to be done to avoid it, which may be, for example, ensuring that the instructions are followed to the T.

- Q. So am I correct in understanding as a global matter your opinions are -- you -- you would agree that the IFU provided instructions, you -- your opinion is they were not adequate, but did not provide a warning; is that a fair summary?
- A. Yeah, the IFU provided instructions. There were no warnings on the IFU related to the topic. The instructions provided by the IFU were inadequate.
- Q. Okay. Do you have any evidence that at the time Rachel Dennert changed out her infusion set at approximately ten o'clock or eleven o'clock on August 8th of 2009, that she had the vial above the reservoir when she filled the reservoir and then removed it?
- A. Yeah, I -- I don't have any evidence to -- to state that that's exactly what happened. We do know that her mother didn't see anything wrong with what she did, but I don't have any testimony from her mom

Page 296

W. VIGILANTE

saying that she saw her remove it in a certain way or a certain sequence.

Q. Okay. Assuming that she did it that way, do you have any evidence that she did it that way because of the unclarity or deficiencies, as you opine it, of the IFU for the reservoir?

MR. SKLARSKY: I have an objection to the form. I think it's somewhat a compound question and somewhat confusing, but he can answer.

- A. Yes, there's -- there's multiple pieces of evidence.
- Q. Okay. What's the evidence that assuming Rachel Dennert removed the reservoir from the vial with the reservoir beneath it at that time, that was a result of the content of the IFU, what's your evidence for that?
- A. So my understanding is, is that she had the IFUs, her mother said that she was using the -- the one sheet instructions for doing the infusion set as opposed to relying upon the larger manual. The natural way of doing it is, again, the way that is associated

Page 297

Page 298

W. VIGILANTE

with this prime fill anomaly and how it was discovered by Medtronic, is that is holding the insulin vial over the reservoir when detaching the reservoir, there were no warnings or instructions in the IFU to alert folks or readers that the reservoir needed to be on top, that it -- those -- that -- that step was not clear. It was not called out. There was no text to -- to -- to go with it to let the user know or ensure the user knows that it needs to be flipped. There were no warnings regarding the hazard associated with it or getting any contaminant on the top of the reservoir before connecting it to the P-cap.

And then we have the number of prime fill anomalies that were recorded by Medtronic going back to I think, like, 2002.

We have the YouTube videos showing people doing exactly what you would expect them to do based upon the natural way of filling and removing the reservoir from the transfer guard and the insulin vial.

So I think the totality of that,

W. VIGILANTE

along with my analysis, is the evidence that I relied upon.

Q. Would you agree that YouTube videos are not direct evidence of what Rachel Dennert did or didn't do on August 8th in 2009?

MR. SKLARSKY: Objection to the form, but go ahead.

- A. Yeah, I mean it's indirect evidence. It's supporting the fact that the natural way to do it is what was depicted in -- in those YouTube videos that we discussed at the last deposition.
- Q. Is it your testimony that the YouTube videos explain what Rachel Dennert did and why she did it?
- A. I think it's just part of the overall evidence and facts that lead to the conclusion that the natural way to do it is to remove the reservoir from under the insulin vial; and there's nothing to suggest that Rachel Dennert knew differently or her mother knew differently. She wasn't trained on the hazard either by the -- the trainer or her

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	Page 299		Page 300
1	W. VIGILANTE	1	W. VIGILANTE
2	doctor because Medtronic and Unomedical never	2	are contained in the pump user guide?
3	bothered to train the doctor and their	3	Do I have that right?
4	educators and trainers on the importance of	4	A. For this particular hazard, yes.
5	this one step and the hazard associated with	5	Q. Right. Okay.
6	getting contaminants on the top of the	6	MR. SCHULTZ: Madame Court Reporter,
7	reservoir.	7	would you hand Mr. Vigilante Exhibit Number
8	Q. Is it your opinion that Uno	8	12, the pump user guide?
9	MS. MARTINEZ: Object, move to	9	THE WITNESS: Thank you.
10	strike. I'm sorry. Object to the form.	10	MR. SKLARSKY: Dave, could I just
11	Move to strike.	11	Q. So, Mr. Vigilante
12	Q. Is it your understanding that	12	MR. SKLARSKY: Dave. Dave.
13	Unomedical provides training to Medtronic pump	13	MR. SCHULTZ: Yeah.
14	patients?	14	MR. SKLARSKY: Dave, hold on one
15	A. I'm understanding that Medtronic	15	second. Can I just interpret for one
16	does. I'm not sure exactly Unomedical's	16	minute? Is it was is this Exhibit 12
17	participation and whether or not the the	17	for this deposition or for a different
18	trainers are trained and provided it to the	18	deposition?
19	potential patients.	19	MR. SCHULTZ: I believe it was
20	Q. Okay. Let's shift gears a little	20	oh, this I see. On this copy it was
21	bit. I'll come back to this topic in a	21	marked as Exhibit 12 during the deposition
22	minute, but do I understand one one of the	22	of Nancy Dennert, so we should probably
23	opinions in your report is that it was	23	mark it for this deposition which I think
24	unreasonable of Medtronic or improper of	24	we're on 19 if I'm not mistaken.
25	Medtronic to rely upon the instructions that	25	COURT REPORTER: Okay. Dwayne told
	medicane to real upon the medicane that		
	Page 301		Page 302
1	W. VIGILANTE	1	W. VIGILANTE
2	me 18, but do you want me to check or not?	2	Insulin Pumps User Guide bearing Bates
3	MR. SKLARSKY: Yeah, no, I think	3	Numbers MDT000073RD through MDT000332RD, is
4	I think that's right. I printed out	4	marked for identification.)
5	from that I we you went up at	5	THE WITNESS: Thank you.
6	the last deposition I think 17 was the last	6	COURT REPORTER: Okay. I've marked
7	exhibit; is that right?	7	it as 18.
8	MR. SCHULTZ: Okay.	8	BY MR. SCHULTZ:
9	MR. SKLARSKY: Yeah.	9	Q. All right. Mr. Vigilante, you now
10	MR. SCHULTZ: Why don't we mark this	10	have what's been marked as Exhibit 18, which
11	as 18. I think you're right, Alan.	11	is the user guide that was produced with
12	(Pause.)	12	Rachel Dennert's pump, correct, as far as you
13	MR. SCHULTZ: Has it not been marked	13	know?
14	or not yet?	14	A. Yeah, this seems to be a copy of a
15	COURT REPORTER: No.	15	Paradigm 722 insulin pump, so I don't know if
16	MR. SKLARSKY: Not not yet.	16	this is the exact copy that Mrs. Dennert had
17	MR. SCHULTZ: Okay.	17	or if it's a exemplar produced by Medtronic.
18	COURT REPORTER: I was just checking	18	So whatever you want to do, I'll I'll be
19	the previous transcript.	19	happy to go along.
20	MR. SKLARSKY: Is that right	20	Q. Well, the record will be what the
21	MR. SCHULTZ: Oh, thank you.	21	record is. I will represent to you that this
22	MR. SKLARSKY: 17? It was 17?	22	is a copy of the user guide. It's not the
23	It's 18.	23	specific one that was shipped obviously, but
24	(Exhibit Vigilante-18, multipage	24	it is a copy of what was shipped with
25	document entitled Paradigm 522 and 722	25	Ms. Dennert's pump, and I'll make that
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Page 303 Page 304 1 W. VIGILANTE 1 W. VIGILANTE 2 2 representation to you. vial with the reservoir above the vial: 3 3 A. Okav. correct? 4 Q. If you turn to Pages 60 and 61 of 4 A. Yes. 5 5 the user guide, you see that this is the Q. And above that there is text that 6 says, relating to Step 9, "With the vial down, 6 section of the user guide --7 7 A. I'm sorry. I -- I haven't gotten hold the transfer guard. Turn the reservoir 8 8 counterclockwise, then pull straight up to there yet. 9 9 MR. SKLARSKY: He's not quite there remove it from the transfer guard." 10 10 Do you see that? 11 11 A. It's a -- it's a big manual. A. Yes. 12 12 Q. Would you agree with me that that Okay. 13 13 O. This is the section of the user description and combination with the 14 14 guide that relates to removal -- well, filling pictograph makes it clear that the reservoir 15 15 is to be removed from the insulin vial with the reservoir and then connecting it to the 16 16 infusion set; correct? the vial beneath the reservoir? 17 17 A. Yeah, the title of the section is A. It does a better job, certainly, 18 18 "Filling the Reservoir." than the IFU for the infusion set. 19 19 Q. Yeah. And on Page 61 there is a O. Well, that's not quite my 20 pictograph that has a Step 9 labeled. 20 question. I understand that's your opinion, 21 Do you see that? 21 but my question was: Do you agree that the 22 A. Yes, there is a pictograph with a 22 language in combination with the pictograph 23 23 Step 9. makes it clear to the user that the reservoir 24 Q. Yeah. And that pictograph shows 24 is to be removed from the transfer guard with 25 that the reservoir is being removed from the 25 the vial beneath the reservoir? Is it clear? Page 305 Page 306 W. VIGILANTE 1 W. VIGILANTE 1 2 2 A. That's what the sentence says. Q. I'm sorry. 3 3 Q. And do you agree that it clearly A. Yeah. I'm sorry. Go ahead. 4 4 Q. Okay. I -- I don't mean to communicates that --5 5 interrupt you. I -- I'm not trying to do A. Well --6 6 Q. -- to the user? that. 7 7 A. -- yes and no. I understand there's not a warning 8 8 Q. Okay. How yes? in here about liquid that we've discussed. My 9 9 A. That's what the sentence says. question really was: The instruction itself 10 O. And how no? 10 is not ambiguous about what it's telling the 11 A. Well, again, you're -- you're 11 user to do; correct? 12 taking a -- a small part of the overall 12 A. As I stated before, the sentence 13 procedure and asking me to analyze it without 13 is clear. 14 the rest of the context. So much as we talked 14 Q. Okay. Part of your opinion at 15 about the IFU at the beginning of this 15 least is that it's unreasonable for Medtronic 16 deposition, and the last deposition, there's 16 to rely on the user guide, at least as I would 17 17 no instruction here that says you have to do understand it, that it's -- it's a big 18 it exactly like this and there's no warning in 18 document and it's, you know, something that 19 here to tell you what the consequences are if 19 the user might not read; is that correct? 20 you don't do it exactly like this. 20 A. No, I didn't say the user may not 21 Q. All right. I want to --21 read it. I have a -- there's a discrepancy in 22 A. So the sentence itself --22 how -- I've got a -- a note that the user 23 Q. I understand your --23 guide is 250 pages long, and I don't know if 24 (Reporter clarification -24 it's just the way this copy is, maybe it's the 25 simultaneous speaking.) 25 way it's numbered, but it ends on Page 242, so

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Page 307

W. VIGILANTE

I'm not sure why the discrepancy.

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Q. Well, let me ask you this, Mr. Vigilante.

Is there any evidence that you're aware of that Rachel Dennert did not read this portion of the user guide?

- A. Yeah, I don't have any evidence that she did read or did not read this portion of the user guide.
- Q. Okay. Do you have any -- then I would assume it follows from that that you don't have any evidence that she didn't understand it if she had read it?
- A. Yeah, there's -- there's been no testimony on whether she read it or whether she understood it at the time she read it or not.
- Q. And there's no evidence that you're aware of that if she had read it, she didn't remember it at the time she was filling her reservoir on August 8th of 2009?
- A. Yeah, there's no testimony either way, but I highly doubt it, that she would, A, remember it if she did, in fact, read it.

W. VIGILANTE

Page 308

- Q. Why do you doubt that?
- A. It's 250 pages long. As soon as you get to the next couple pages in the manual, you're going to forget what you had just read a few pages back. There is an awful lot of information in this manual and Medtronic provides an IFU that's specific to the task. So typically people are going to look for the shorter instructions that are specific to a task, as opposed to go back and try to remember what they read on Page 61 of a 250-page manual.
- Q. But you don't have any direct evidence of that as regards Rachel Dennert?
- A. Yeah, there's no testimony from Rachel Dennert regarding that topic.
- O. Would you agree with me then that if Rachel Dennert didn't read it, then there's no -- then the failure to have a warning in the user guide would not be causally related to her incident?

MR. SKLARSKY: Note an objection to the form, but if you understand it, you can answer it.

Page 309

W. VIGILANTE

A. Yeah, as I note in my report, I didn't do an analysis of the pump user guide and whether or not that section was adequate or not, but I can tell you that the pump user guide, it's my understanding, is -- is used as a -- as part of a training tool during the -the education session -- education sessions with the patients; and if the instructors aren't alerted or warned about it, there's no reason for them to know that a problem potentially could occur, and, therefore, there's no reason for them to provide direct warning to the patient when they're in a education session. So that -- that's certainly problematic.

And, again, given the severity of the consequences, you would expect it would have been in the -- in the pump manual too and something stressed to the trainers and the doctors who are prescribing these things to the patients.

Q. If you -- if the reliance by Medtronic on the communication of the pump user guide is not reasonable because it's a

Page 310

W. VIGILANTE

long document, is it your point that Medtronic could reasonably expect to rely upon the IFU, assuming it provided what you believe would be appropriate content --

MR. SKLARSKY: Just note --

Q. -- if it did, could they rely on

MR. SKLARSKY: I'll just note an objection. I'm a little unclear who's relying on who here. I'm a little --

MR. SCHULTZ: Yeah. Let me -- let me rephrase it.

- Q. Mr. Vigilante, first of all, you've opined that it wouldn't be reasonable for Medtronic to rely upon the content of the user guide; correct?
- A. Yeah, my opinion is given the importance of the reservoir's IFU to the user when they are actually connecting the reservoir to the infusion set using the P-cap connector, Medtronic and Unomedical should have ensured -- I'm sorry. I'm giving you the wrong -- wrong section of my report.

My opinion is given the hazard

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Page 311 Page 312

W. VIGILANTE

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associated with the contamination of the top of the reservoir -- excuse me, the bottom of the P-cap vents, the provision of the IFUs for the infusion sets, the length and bulk of the user guide and the likelihood of a user relying upon that at a given infusion set change after initial training, it was not reasonable for Unomedical and Medtronic to rely upon the user guide.

MS. MARTINEZ: Object to the answer. Move to strike.

- O. If the content of the instructions for use of the reservoir were in every way adequate and appropriate in your opinion, would Medtronic be reasonable, and for that matter would Unomedical be reasonable in relying upon the IFU, assuming its content were everything you would like it to be?
- A. Yeah, if they provided adequate instructions, it would have been the reasonable thing to do and they would have ensured the patient, the caregiver, and the educators were provided with the information they needed to identify the hazard and how to

W. VIGILANTE

avoid it.

- O. Okay. Earlier you said that Medtronic -- I think you acknowledged that Medtronic Certified Diabetes Educator provided training to Rachel Dennert. Do you recall that?
- A. Are you asking if I recall testifying to that or if I recall that it happened?
 - Q. Well, do you recall testifying?
- A. I'm going to say, yes, 'cause we probably talked about it.
- Q. Okay. Do you -- to your knowledge, it did, in fact, happen; correct?
- A. Yeah, it's my understanding there was two sessions with the continuing -- or the -- I have the acronym here somewhere, so I'm sorry for stumbling on my words, the Certified Diabeetic -- Diabetic Educator.
- Q. Okay. Do you have any evidence of what the Certified Diabetes Educator trained Rachel Dennert to do with respect to removing the reservoir from the insulin vial during that training?

Page 313

W. VIGILANTE

A. I don't have any -- anything other than what Mrs. Nancy Dennert testified to, and I don't think that that was discussed in any detail.

Q. Okay. Do you have an understanding -- I just want to make sure I'm clear.

Do you have any understanding about what Ms. -- Mrs. Dennert, Nancy Dennert, said with respect to the content of that training?

- A. I don't recall all of it, but I --I don't recall there being any discussion as to the details regarding this particular step of the infusion set reservoir connection process.
- O. Okay. As you sit here today, you don't know what the Certified Diabetes Educator showed Rachel Dennert to do during their in-person training sessions; is that true?
 - A. Yes, yes and no.
 - Q. In what way no?
 - A. Well --

Page 314

W. VIGILANTE

- Q. In what way do you have evidence that you know what the Diabetes Educator trained Rachel Dennert to do during those in-person training sessions?
- A. Yeah, I don't know if she physically showed her how to connect the -- or fill the reservoir and detach the reservoir and connect it to the P-cap. I don't know if she physically showed her that and I don't know if when she was physically doing that if she did it correctly, but what I do know is that when Medtronic finally became aware of the issue, they had to send out education packets to their trainers. So it's very unlikely that the trainer was aware that it was a necessity to do it in a certain orientation or that there was a hazard associated with doing it incorrectly or having a -- insulin get on the top of the reservoir before connecting it to the P-cap. So that's --
 - Q. Do you --
 - A. -- why it's yes and no.
 - Q. I'm sorry. Do you presume that

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Page 315

the Certified Diabetes Educator showed Rachel Dennert the proper way to remove the reservoir from the insulin vial?

A. I don't presume either way.

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- Q. Okay. Do you have any evidence that Rachel Dennert did not understand what she was instructed by the Certified Diabetes Educator?
- A. Yeah, I -- since I don't know what was done and how it was done, I can't say, but I will say that it's my opinion that Rachel Dennert did not appreciate the hazard at the time she was provided with that training from the Certified Diabetes Educator.
- Q. And your opinion in that regard comes from -- you take as the starting point Mr. Klimowicz's description of how he believes the incident occurred, right, that's the starting point for that?
- A. Yeah, I don't know if that's the starting point for that. I mean, the starting point is the fact that Medtronic's own lab guys that were trying to figure out how this thing occurred couldn't figure out how it

Page 316 W. VIGILANTE

2 occurred at first and had to think about what 3 was going on for him to end up with the green 4 diluent on his -- on his reservoir. So that 5 was, you know, Medtronic's own people that 6 were very highly experienced in this. It's 7 8

completely doubtful that Rachel Dennert would have appreciated it on her own without warnings and instructions from Medtronic and

Unomedical, so I think that's where it starts.

MS. MARTINEZ: Object to the answer. Move to strike.

- A. I was going to say that the hazard itself is not open and obvious, there -therefore, without adequate instructions and warnings, the person is not going to pick it up. A regular user is just not going to appreciate it or identify it.
- Q. But in what way were the instructions given by the Certified Diabetes Educator inadequate?
- A. Well, again, I don't know exactly what she did and how she did it, but I do know that it is highly unlikely that the Certified Education -- Diabetes Educator was aware of

Page 317

Page 318

W. VIGILANTE

the hazard; and if they're not aware of the hazard, how can they inform Rachel Dennert of the hazard? And if she doesn't inform her of the hazard, then the instructions, by default, were inadequate and ineffective.

Q. Well, whether or not the Certified Diabetes Educator informed Ms. Dennert of a hazard, as you put it, associated with removing the reservoir from the insulin bottle, do you have any direct evidence that Rachel Dennert didn't do as she was instructed by the Diabetes Educator?

A. If you mean by direct -- again, I don't have Rachel Dennert's testimony as to exactly what she did. Unfortunately, I believe there was some brain damage associated with the incident, so you -- probably expect you're not going to get it from her, and it was never asked of Mrs. -- her mom.

Q. Are you aware that Mrs. Dennert, Nancy Dennert, testified that Rachel Dennert followed the instructions that were given to her by the Certified Diabetes Educator?

A. I am aware of that.

W. VIGILANTE

- Q. Okay. And are you aware that the Certified Diabetes Educator provided Rachel Dennert with an instruction sheet during the training?
 - A. Yes.
- Q. Have you seen that instruction sheet?
- A. I have not seen that or I'm not aware if that's the same as the IFU provided with the reservoir.
- Q. Do you have any information about what Rachel Dennert knew or didn't know or understood or didn't understand about the instruction sheet --

MR. SKLARSKY: Objection to the --

Q. -- that was provided to her?

MR. SKLARSKY: Objection to the form, but if you understand it, go ahead.

- A. Yeah, I -- there's no testimony from Rachel Dennert on that topic that I'm aware of.
- Q. Do you -- Mr. Vigilante, is there -- in your field of expertise, is there a -- is there a -- a notion, an accepted

Page 319 Page 320 1 W. VIGILANTE W. VIGILANTE 2 2 wisdom that hands-on training is more has handed you what's been marked as 3 3 effective than printed warnings or Exhibit 19, which is an instructional video or 4 instructions? 4 an instructional CDROM. I'm not going to make 5 5 A. Sure. If you're given training on you look at it now, but I'll represent to you 6 how to use a product and part of that training 6 that this is the -- a copy of the video that 7 7 is using written warnings and instructions, is shipped with the pump to -- the pump that 8 8 that's an effective way to do it provided that was shipped to Rachel Dennert. 9 9 the training itself is -- is adequate. One of With that description, have you 10 10 seen such a video before? the issues with training, and why we provide 11 printed instructions and warning, is that if 11 A. I have seen a video from 12 the training is not repetitive, over time 12 Medtronic. I don't know if it's the same 13 people have a tendency to forget what they 13 video that's on the -- on the -- the CD or 14 learned in that training, so somehow or 14 15 another the training has to be reinforced; and 15 Q. Okay. Did the video you've seen 16 that's where the warnings and instructions 16 from Medtronic show the process of filling the 17 17 come into play. reservoir and removing it from the insulin 18 MR. SCHULTZ: Madame Court Reporter, 18 vial? 19 would you mark the exhibit labeled 19 A. Yes. 20 Instructional CDROM. 20 Q. Okay. What did it depict that you 21 21 (Exhibit Vigilante-19, CDROM recall? 22 entitled Rachel Dennert vs. Medtronic 2.2 A. Well, I can open it up. 23 Instructional CD-ROM MDT071234RD, is marked 23 (Opening file on computer). 2.4 2.4 for identification.) One of the versions I have is a --25 25 Q. Mr. Vigilante, the court reporter not alive actors, it's a -- a --Page 321 Page 322 1 W. VIGILANTE 1 W. VIGILANTE 2 2 Q. I didn't hear. I'm sorry. pump or if she reviewed videos that were 3 3 A. It's an animation of -- the online. I don't know at this point. 4 4 version I have is an animation. O. Okay. If she did receive it, do 5 5 O. Okay. Well, let's do it this way. you know whether she reviewed it? 6 6 Are you aware that a video such as MR. SKLARSKY: Well, objection to 7 7 Exhibit 19 is physically shipped with the pump the form, you know, if he doesn't know 8 8 to pump users? specifically what -- what -- what was 9 9 A. Yeah, I don't recall. The only received. 10 10 thing I recall with respect to videos is that A. Yeah, I don't know. I don't know 11 11 Nancy Dennert testified that Rachel watched if she received it or if she reviewed this 12 the videos provided, but there -- I don't 12 particular CD or not. 13 13 remember any testimony as to where those O. Okay. So then it's a fair 14 videos came from, if they came from a CD with 14 statement that you don't have any information 15 15 the pump or they were a part of the online as to whether she viewed Exhibit 19; and if 16 16 education. I don't -- I don't recall. she viewed it, whether she understood it or 17 17 Q. Okay. So in terms of whether not? 18 Rachel Dennert reviewed the particular video 18 A. Yeah, I don't have any testimony 19 that is Exhibit 19, you don't know 19 regarding that. 20 2.0 Q. All right. In terms of any specifically, but Mrs. Dennert testified that 21 21 she reviewed the video she was provided; is additional, for example, online-pump training, 22 22 do you know what, if anything, Rachel Dennert that true? 23 23 viewed or didn't view? A. Well, no. The way I'd be more 24 24 comfortable saying it is I don't know if she A. I -- again, according to -- to her 25 25 received or reviewed a CD that accompanied a mom, Rachel went through the Medtronic pump

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	Page 323		Page 324
1	W. VIGILANTE	1	W. VIGILANTE
2	school online. That that's what I have	2	THE WITNESS: Thank you.
3	noted in my report.	3	MR. SKLARSKY: What number is that?
4	Q. Okay. But in terms of what's	4	COURT REPORTER: 20.
5	there, you don't know as you sit here today?	5	Q. Mr. Vigilante, the court reporter
6	MR. SKLARSKY: When you say what	6	has handed you Exhibit Number 20.
7	what	7	A. Yes.
8	Q. In terms of the content of that	8	Q. Have you seen that exhibit before
9	online-pump training, that she may or may not	9	today?
10		10	A. I have not.
11	have viewed, you don't know the content of it;	11	
12	right?	12	Q. All right. Do you know whether or
13	A. Well, I thought I had the content	13	not this storyboard on filling the reservoir
	of it in these videos, but, again, I it	14	is part of the online-pump training?
14	could be very well that that content came from		A. I do not know.
15	the disk. I don't know at this point.	15	Q. All right. Do you know whether or
16	Q. Okay. Okay.	16	not Rachel Dennert reviewed it?
17	MR. SCHULTZ: Can you Madame	17	A. I do not.
18	Court Reporter, can you mark as Exhibit 20	18	Q. Okay. All right. Well, let's go
19	the help Self-Help Storyboard Filling	19	back to the IFU itself. If you
20	the Reservoir.	20	MR. SCHULTZ: Madame Court Reporter,
21	(Exhibit Vigilante-20, multipage	21	would you hand Mr. Vigilante the previously
22	document entitled Self-Help Storyboard	22	marked Exhibit 17, the reservoir IFU.
23	Filling the Reservoir and Priming bearing	23	(Exhibit Vigilante-17, document
24	Bates Numbers MDT071290RD through	24	entitled Medtronic MiniMed Paradigm
25	MDT071322RD, is marked for identification.)	25	Reservoir Rx Only, was previously marked
	Page 325		Page 326
1	W. VIGILANTE	1	W. VIGILANTE
2	for identification.)	2	ask because I noticed that there were, and
3	THE WITNESS: Thank you.	3	I don't recall exactly what the testimony
4	COURT REPORTER: He has it.	4	was about them, but there was an Exhibit 15
5	MR. SCHULTZ: Oh, thank you.	5	and 17.
6	Q. Mr. Vigilante, I want to make sure	6	MR. SCHULTZ: Yeah, and I and I'm
7	that I have all of your critiques of this	7	pretty sure that 17 was the one that
8	document in mind.	8	Mr. Haverty provided.
9	First of all, you're looking at	9	MR. SKLARSKY: Okay.
10	Exhibit 6 or 17, which is the IFU, the	10	MR. SCHULTZ: And, frankly, I think
11	actual IFU that was shipped with Rachel	11	15 and 17 have the exact same content
12	Dennert's reservoirs; is that correct?	12	but
13	A. I don't recall which one was	13	MR. SKLARSKY: If they're identical,
14	marked in the last deposition as the one that	14	then then I guess it won't matter, you
15	Mr. Haverty provided or the one that you	15	know, which one we use but
16	provided, so I I don't recall.	16	MR. SCHULTZ: Yeah, but I'll just
17	Q. Okay. Do you happen to have the	17	ask him about 17.
18	one that Mr. Haverty provided, the the one	18	BY MR. SCHULTZ:
19	that was actually shipped	19	Q. Mr. Vigilante, looking at
20	A. I'm sor	20	Exhibit 17, your criticism first of all,
21	Q the actual piece of paper?	21	Step 6 is the step that depicts removal of the
22	A. I'm sorry. I do not.	22	reservoir from the insulin vial; correct?
23	MR. SKLARSKY: Dave	23	A. Yes.
24	Q. Oh, okay.	24	Q. And in the pictograph itself,
25	MR. SKLARSKY: Dave, could I just	25	would you agree that it displays the reservoir
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Page 327

W. VIGILANTE

W. VIGILANTE being removed from the transfer guard with the reservoir above the vial; correct?

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- A. Yes. I'm sorry. Yes.
- Q. And the pictograph itself is not hard to distinguish. I mean, you can -- you can look at it --

(Reporter clarification.) MR. SCHULTZ: I'm sorry. Let --I'll start it over.

- Q. Would you agree, Mr. Vigilante, that the pictograph itself -- in the pictograph itself it's not hard to distinguish what is the reservoir from what is the transfer guard from what is the vial? Would you agree with that?
 - A. I can tell what it is.
- Q. Okay. Among the criticisms you've made about this are, number one, it doesn't -the IFU doesn't say, "Make sure to remove the reservoir from the transfer guard with the reservoir above the vial," correct? That's one of your criticisms?
- A. Yeah, there's no text with the step.

Q. Okay. And it doesn't warn the user that if you go through -- if -- if certain things happen with liquid being deposited on the top of the reservoir and then transferred to the underside of the P-cap, it doesn't contain any warnings about that; correct?

Page 328

- A. Yeah, there is no warning regarding the particular hazard.
- Q. Okay. Is there other -- any other way in which -- I want to make sure I have all your criticisms. Are there other things about the IFU's communication to the user about removal of the reservoir from the insulin vial that you think is deficient?
- A. Well, it's laid out in my report, but there are multiple things. So, one --
 - Q. Well, just --
- A. -- particular to Step 6, there's no accompanied sub-step that shows the actual flip; and of course that's important because in Step 5 the vial and the reservoir are inverted. So there was a flip between Step 5 and Step 6, but that actively flipping it is

Page 329

Page 330

W. VIGILANTE

not depicted anywhere and it's not highlighted or stressed in Step 6 that it was flipped. And then, again, on Step 7 the reservoir is flipped again. So the fact that the IFU is showing multiple orientation changes, but not calling it out is a criticism that I have with the IFU as well.

Additional criticism I have is, again, the step depicted in 6 is unnatural and contrary to traditional norms. So you're asking somebody to do something that they normally wouldn't do naturally and, again, there's no instruction or warning to let folks know that that's what the -- that's what's required.

- Q. Any others? I just want to make sure that I have them all, and I -- I know they're in your report, but I just want to make sure I have them.
- A. They're the ones that come to mind at the moment. I mean, we --
 - Q. Okay.
- A. -- we've been through this in the last deposition. We went through it in my

W. VIGILANTE

report.

- Q. Okay. Is -- and do you have evidence, is it your understanding that Rachel Dennert read this IFU?
 - A. That's my understanding.
- Q. Okay. And that's based on the testimony of Nancy Dennert; correct?
- A. Yes, and the fact that the -- this was actually the IFU in the packet of infusion sets that she was using.
- O. Okay. Do you have any evidence, any testimony that Rachel Dennert read it more than once?
- A. I think Nancy said -- her mom testified that she used it when she connected it. So my understanding was that she did read it and use it more than once.
- Q. Well, do you understand actually that Nancy Dennert testified that -- I think the testimony, and if I've got it wrong, I've got it wrong, but that Nancy Dennert testified that Rachel Dennert followed the instruction sheet she was given at the time she connected -- or filled the reservoir and

Page 331 Page 332 1 W. VIGILANTE 1 W. VIGILANTE 2 2 connected it on August 8th of 2009? understand how to follow the IFU? 3 A. I'm -- I'm sorry. I'm going to 3 A. Yeah, so that's a -- kind of a --4 4 have to look in my report where I have it a fuzzy question. So my understanding is, is 5 5 noted. that she was able to successfully -- what she 6 6 thought successfully connect the infusion set Q. Sure. 7 7 to a filled reservoir. Whether she properly, MR. SKLARSKY: Page 6. 8 8 A. Yeah, I'm -- in her deposition that is doing everything to a T as depicted in 9 9 Pages 203 to 205 Nancy testified that Rachel the IFU, there is no testimony that she did, 10 10 used and followed the directions whenever she but the evidence is based upon the failure of 11 performed those tasks, and that was a -- a 11 the IFU and the other evidence in the case, 12 12 printout of instructions. and the YouTube videos, it's likely that she 13 O. Okay. And a printout of 13 wasn't. 14 14 instructions, do you understand it to be the O. All right. Let me break it down. 15 No one testified that Rachel 15 IFU? 16 16 A. That's my understanding. Dennert didn't understand the IFU; right? 17 Q. Okay. Do you -- well -- okay. 17 A. That's correct. 18 18 Do you have any evidence that she, Q. And no one testified that Rachel 19 she Rachel Dennert, if she was using the IFU 19 Dennert didn't follow exactly what the IFU 20 as opposed to printed instructions given to 20 instructed; correct? 21 her by the Certified Diabetes Educator, that 21 A. Well, that's not correct. 22 22 she didn't understand how to follow the IFU? Q. Okay. What testimony is there 23 23 A. One more time. that she did not follow what the IFU 24 Q. Yeah. Sorry. Do you have any 24 instructed? 25 evidence that she, Rachel Dennert, didn't 25 A. Well, Nancy testified at the Page 333 Page 334 1 W. VIGILANTE 1 W. VIGILANTE 2 2 Q. Okay. But you have no other six o'clock changing that Rachel reported the 3 3 details about how the insulin spilled at the insulin spilling out, which is consistent with 4 4 six o'clock change; correct? doing it with the insulin vial over the 5 5 A. No, Nancy was not there to witness reservoir. I'm not sure how the insulin gets 6 out otherwise, both the insulin and the 6 it. 7 7 Q. Okay. And Rachel hasn't testified reservoir are sealed units and they're 8 8 punctured by the transfer guard, so I don't in any greater detail about that either; 9 9 know how the insulin gets out otherwise. correct? 10 Q. Is it your understanding that 10 A. Not that I'm aware of. 11 Nancy Dennert testified -- well, first of all, 11 Q. Okay. the six o'clock set change is not the one at 12 12 A. You guys want --13 issue in this lawsuit; right? It's not the 13 O. And in terms of the --14 one that supposedly injured Rachel Dennert. 14 A. -- to take a break? We've been --15 A. The one that is involved with the 15 MR. SKLARSKY: Dave --16 16 prime fill anomaly, my understanding from MR. SCHULTZ: I'm sorry. 17 17 Dr. Kilowitz [sic], was the eleven o'clock MR. SKLARSKY: Dave, could we take a 18 changeover. 18 short break at this point? 19 Q. Okay. And is it your 19 MR. SCHULTZ: Sure. 20 understanding that Nancy Dennert testified 20 THE WITNESS: Yep, thank you. 21 that insulin was spilling out of the infusion 21 THE VIDEOGRAPHER: We are now going 22 set at the six o'clock change? 22 off the video record. That concludes DVD 23 A. My understanding is that Rachel 23 Number 1. The time is 11:43. 24 told Nancy that insulin had spilled when she 24 (A recess is held from 11:42 a.m. to 25 was doing the change at six o'clock. 25 12:01 p.m.)

Page 335 Page 336 1 W. VIGILANTE W. VIGILANTE 2 2 THE VIDEOGRAPHER: We are now back she forgot. 3 3 on the video record. This commences DVD O. And there's no testimony that she 4 Number 2. The date, September 23rd, 2016. 4 made a deliberate decision not to follow the 5 5 The time, 12:01. instructions in the IFU? 6 6 BY MR. SCHULTZ: A. That's my understanding. 7 7 Q. And there's no testimony that Q. Mr. Vigilante, just a couple of 8 8 more questions on this -- on the topic we were anybody saw her fill the reservoir in a manner 9 9 on before we took a break. that was inconsistent with the IFU? 10 10 A. There's no testimony either way. Regarding, excuse me, Rachel 11 Dennert's use of the IFU for the reservoir at 11 Q. All right. Let's talk about the 12 12 the time of her incident, no one -- am I warning. Is -- have you drafted or do you 13 have language that you believe should have 13 correct that no one has testified that Rachel 14 14 been in a warning? Dennert did not -- let me back up. Let me 15 A. I do on Page -- Page 21 of my 15 rephrase that. 16 report of -- let me give you the -- my first 16 No one has testified, to your 17 17 report, April 19th, 2016. knowledge, that Rachel Dennert forgot what was 18 Q. Okay. Hang on a second. Let me 18 in the IFU at the time she filled the 19 19 grab that. Page 21, did you say? reservoir on the evening of August 8th, 2009; 20 20 A. Correct. correct? 21 21 Q. Is that -- I see it. "A warning A. One more time. 22 should have accompanied Step 7a which stated," 22 Q. Yeah. I'm sorry. Nobody has 23 and then you have the language; correct? 23 testified that Rachel Dennert forgot what she 24 24 A. Yes. was instructed by the IFU; correct? 25 Q. Is that, in your view, essentially 25 A. Yeah, there's no testimony that Page 337 Page 338 1 1 W. VIGILANTE W. VIGILANTE 2 2 the same as the content of what was contained Q. Are -- are --3 3 A. -- that was necessary was in in the 2013 healthcare advisory to doctors? 4 4 Have you seen that? there. A. Yes, I have seen that. 5 5 O. Okay. Are you aware that this 6 6 Q. And is this essentially the same letter in substance was provided to patients 7 7 in your mind? as well --8 A. I'm looking to see if that's where A. Well, this --9 9 I got the language from or if I obtained it Q. -- at that time? 10 from somewhere else. 10 A. -- this particular letter wasn't. 11 11 There was another letter that was sent to The information in my warning is 12 similar to the warning -- or the information 12 patients. 13 13 provided in the -- the letter sent to the O. Right. At or around the same 14 healthcare providers on June 7th, 2013. 14 time: correct? 15 15 O. Okay. And let me just ask that a A. Yeah. I don't have the dates 16 16 different way. Since you've reviewed that offhand, but that's my understanding. 17 17 information in the June 7th, 2013 letter, Q. Yeah, containing the same or 18 would you agree that that was a -- an adequate 18 similar information about keeping the 19 19 reservoir top and tube connector clean and warning as it were? 2.0 20 A. The June -- June 7th, 2013? dry? 21 21 Q. Yeah. A. Yeah, I don't have the letter 22 22 A. It provides information to the pulled up, but from my memory it contains 23 23 healthcare provider. I didn't assess whether similar information. 24 24 Q. Okay. In your opinion, this or not it was adequate or not. The 25 25 information -warning or something like what you have in the

Page 339 Page 340 1 1 W. VIGILANTE W. VIGILANTE 2 2 report should be included in the IFU for the if he understands it, he can answer it. 3 3 A. Yeah, I'm sorry. I don't reservoir: correct? 4 4 A. It should have been, yes. understand it. 5 5 Q. And would you agree that whether MR. SCHULTZ: All right. Let me or not such a warning were included, if Rachel 6 6 see if I can rephrase it. 7 Dennert followed the instructions about how to 7 Q. If Rachel Dennert, in fact, 8 8 fill the reservoir and disconnect from the followed the instructions and removed the 9 9 transfer guard, then the absence of warning reservoir from above the insulin vial on 10 10 isn't causally related to her injury? August 8th, 2009, then would you agree that 11 MR. SKLARSKY: Well, can -- can you 11 the presence or absence of a warning would not 12 12 read back that question? be causally related to her injury? 13 (The following portion of the record 13 A. So if I can rephrase the question, is read by the Court Reporter: 14 maybe I can understand it a little better 15 "QUESTION: And would you agree that because it's a little ambiguous. If she had 15 16 whether or not such a warning were 16 removed the reservoir from the transfer guard 17 included, Rachel -- if Rachel Dennert 17 with the insulin vial held below the reservoir 18 18 followed the instructions about -- about as depicted in Step 6, is that essentially 19 19 how to fill the reservoir and disconnect your question? 2.0 from the transfer guard, then the absence 20 Q. Yeah. 21 of warning isn't causally related to her 21 A. Yeah, so, no, I wouldn't agree 22 22 with that because either the contaminant got injury?") 23 23 MR. SKLARSKY: Just note an on the -- on the underside of the -- the P-cap 24 objection and maybe just -- I'm just having 24 connector from the insulin from the vial or 25 some confusion with how it's phrased, but 25 some other method. So the warning was Page 341 Page 342 1 W. VIGILANTE 1 W. VIGILANTE 2 2 necessary to allow -- to alert her that any or -- or some other -- other contaminant, 3 3 liquid, whether it's insulin or any other but --4 contaminant, needed to be removed and could be Q. But it --4 5 5 a problem. A. -- it's more likely than not it 6 6 was the insulin from incorrectly removing the Q. Do you have any evidence or are 7 you aware of any way in which insulin from the reservoir from the transfer guard with the vial can get on top of the reservoir if the 8 insulin vial held over the transfer guard as 8 9 reservoir is removed from the vial from above 9 you would expect a significant portion of the 10 10 user population would do. the insulin vial? 11 11 Q. Mr. Vigilante, let me ask it this A. Yeah, it's my understanding that 12 12 if the insulin vial is held upright and the 13 13 reservoir is removed from the transfer guard Other than Mr. Klimowicz's 14 14 inverted above the insulin vial, that the opinion -- well, and, actually, let me back 15 15 insulin will not squirt out of the -- out of 16 16 Mr. Klimowicz does not, in fact, the vial. 17 17 opine that there was some other contaminant; Q. Okay. Do you know of any evidence 18 18 of a contaminant, some other contaminant correct? 19 A. I think he narrowed it down to the 19 getting on top of Rachel Dennert's reservoir 20 20 insulin. at the time of the incident? 21 21 A. Well, yeah, I don't know if it was Q. Okay. And other than what

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the insulin or another contaminant, but based

contaminant got on there. So I, you know, I

don't know for sure whether it was the insulin

upon Dr. Klimowicz's analysis, some

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Mr. Klimowicz has said in his report and

deposition, you're not aware of any evidence

that there was some other contaminant on the

top of Rachel Dennert's reservoir at the time

Page 343 Page 344 1 1 W. VIGILANTE W. VIGILANTE 2 2 For example, if there were a of the incident; correct? 3 3 warning that said, "Always do this," for A. Yeah, I -- again, I don't know 4 4 whether it was insulin or some other example, "always check your blood glucose 5 after changing your reservoir," would that 5 contaminant. It -- according to 6 6 Dr. Klimowicz, his assessment it was insulin, kind of a warning break the causal connection, 7 7 but given the other evidence in the case, it's if there is one, between the absence of a 8 8 warning to keep the vents dry and the injury? more likely than not that it was insulin. 9 9 That -- that's the best --MR. SKLARSKY: I'm going to --10 10 Q. I didn't hear --Q. Do you understand --11 11 MR. SKLARSKY: I'm going to --A. -- I can do for you. 12 Q. -- the last part of that. I'm 12 O. -- what I've asked? 13 13 MR. SKLARSKY: I'm going to object sorry. 14 14 to the question. Only -- maybe I'm wrong. MS. MARTINEZ: Yeah, I didn't 15 It just sounds like to be way out of his 15 either. 16 16 COURT REPORTER: I'm sorry? area of expertise or what he's being 17 17 offered on, unless I'm not understanding A. I said it was likely it was 18 18 the question correctly, which I am having a insulin, but, you know, I can't rule out that 19 it was anything else to 100 percent 19 little bit of trouble with. 20 probability, but more than likely than not it 20 MR. SCHULTZ: Let me just try and 21 21 was insulin. rephrase it. 22 22 Q. Is there a concept in your Q. Is there such a concept as a --23 23 discipline of something called, lack of a sort of a general warning? 24 better word, general warning or a gen --24 A. I'm not sure what you're asking me 25 25 let me back up. about. Page 345 Page 346 1 W. VIGILANTE 1 W. VIGILANTE 2 2 Q. Okay. Are there, in your first part? 3 3 experience, warnings that are specific to a Q. Well, how do you define the 4 4 particular failure mode and then warnings that "hazard" in this case? 5 5 are more generally directed at a variety of Is it moisture on top of the 6 failure modes that would all result in the 6 reservoir or is it the potential for low blood 7 7 sugar if there is an over-delivery of insulin? same injury? 8 8 A. I think the -- the hazard is the Does that make sense? 9 9 MR. SKLARSKY: Yeah, again, not -prime fill anomaly, that the -- the fact that 10 10 if the vents are blocked, you can have overnote an objection. I just -- it's -- at 11 11 least I just don't understand exactly what or under-delivery of insulin. So that's --12 that question is, but if you do... 12 that's the hazard. 13 13 A. Yeah, I -- I'm not -- I'm not a O. So if there's a warning about how 14 hundred percent sure. I can tell you that 14 to avoid the consequence of low or high blood 15 15 effective warnings provide specific and sugar due to some misdelivery of insulin, does 16 16 explicit information regarding a specific it matter that there's no warning of the 17 17 hazard. That's -- you know, I think that's -particular ways in which that might occur? 18 that may be the answer to your question. I'm 18 A. Yeah, I'm not quite sure I'm 19 19 understanding, but if I'm -- if I'm -- I think not sure. 20 20 you're -- you're going to have to redo the Q. All right. How do you define 21 21 "hazard" in this circumstance? question. I'm sorry. 22 Is the hazard a temporarily 22 Q. Okay. Well, let me try it one 23 23 blocked vent or is the hazard over-infusion of more time. 24 24 insulin causing low blood sugar? If there's a warning that tells 25 25 A. What was the fir -- what was the the user how to avoid either high or low blood

Page 347

W. VIGILANTE

sugar because of a potential for, you know, an improper delivery of insulin, does it matter that there's not a warning about the different ways in which that might come about? Does that make sense? Do you follow that?

A. I'm trying to. So if there was multiple ways that you can have over- or under-delivery of insulin and each had its own mechanism and each had its own rectification, you would want to provide warning as to what those mechanisms are and how to ensure that they don't occur.

Q. Well, let me give you an example.

If one -- one could receive under-delivery of insulin because the cannula in the patient is bent, one could also receive under-delivery of insulin because the cannula has pulled out, and one could also receive an under-delivery of insulin because the tubing itself in the infusion set gets kinked somehow. If the user is provided with a warning that says, "Make sure to check your blood sugar every so often in case you're not getting enough insulin," does that -- doesn't

Page 348

W. VIGILANTE

that adequately warn of the consequences of all three ways in which in my hypothetical a user could have an under-delivery of insulin?

A. No.

Q. Why not?

A. Well, there are three different mechanisms that you want to alert the user to the potential of. Those three, you know, tend to be more open and obvious as to the consequences or that there would be consequences as opposed to a prime fill anomaly where it's not open and obvious that there is a consequence, a negative consequence if -- if you take the vial -- if you remove the reservoir from under the vial and you get a contaminant, insulin, et cetera, on the back underside of the P-cap.

So they're two different degrees of mechanisms, but you'd want to alert the user to all of them and how to avoid them, how to identify and how to avoid them. I think your general warning is to, you know, check your blood-glucose level periodically. If that's the right thing to do, that's okay.

Page 349

Page 350

W. VIGILANTE

But if it's not associated with a -- a particular mechanism, it doesn't do you any good.

So, for example, if you check your blood -- blood-glucose level at 10:30, see you're a little bit low, and you change out your infusion set and you suffer the prime fill anomaly but you go to bed, you know, you can't get up in the middle of night and -- and check it before all that insulin is dumped into your body. So you want to prevent the insulin from being dumped into your body. You don't want to catch it when you happen to wake up at two o'clock or three o'clock or four o'clock.

So you're -- you're dealing with two different -- two different issues.

Q. What if in your hypothetical the user were warned "Don't change your infusion set before going to bed unless you can stay up and check your blood sugar one -- one, two, three hours after you've changed it," would that be enough?

A. It depends. I'd like to see the

W. VIGILANTE

warning.

Q. All right. Let's turn to your supplemental report, Exhibit, I believe, 11.

In the report you reference -- excuse me -- a number of YouTube videos which are identified in the appendix that comprises Pages 4 and 5; correct?

A. Yes.

Q. Are you aware that as of today a number of the videos that you've referenced in your appendix are not available or don't exist anymore on the -- on the Internet?

A. I'm not aware that they're not.

- Q. Okay. Do you know anything -well, you don't know any of the people yourself who posted these videos; correct?
 - A. I do not personally know them.
- Q. And you don't know what any of the people who posted these videos were trained, when and if they were trained, regarding filling a reservoir; correct?
- A. I don't know their exact training that they were exposed to.
 - Q. Okay. You don't know whether any

Page 351

W. VIGILANTE

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of these people did or didn't read any of the materials such as the pump user guide or the instructions for use or anything of that nature; correct?

- A. I don't recall if any of them had the IFU or the pump user guide out at the time they were doing it, so I don't know if they -- if -- I don't recall offhand if they did or didn't have the IFU out or pump user manual out at the time.
- Q. Is this -- have you ever in any opinion in any litigation engagement relied upon YouTube videos other than this case?
- A. Yes. It's quite common for experts to surf, Google search for product-related issues from users of the products. It's a good way to -- to gather information. Product manufacturers use it as well to gather information on how people are using their products. It's, you know, used from a marketing perspective. It's used from a product design perspective.
 - Q. I want to --
 - A. So it's quite --

W. VIGILANTE

Q. -- make sure my question --

Page 352

A. It's a -- I'm sorry. It's a quite common practice.

(Reporter clarification - simultaneous speaking.)

- Q. Sorry. I'm sorry. What did you say?
 - A. It was a common practice.
- Q. Okay. I just want to make sure my question specifically was clear, and I'm not asking about the Internet generally. I'm asking if you, yourself, in a litigation, say, have relied upon YouTube videos?
- A. I have relied upon YouTube videos as part of my investigation and evaluation of a --
 - Q. Okay.
 - A. -- litigation matter.
- Q. Are you aware of any publications, articles of any official human factors or ergonomics society that recognizes the use of YouTube videos in this fashion?
- A. I'm not aware of a specific reference to it, but, again, as a product

Page 353

Page 354

W. VIGILANTE

developer with IBM, one of -- one -- there's an entire group dedicated to monitoring social media posts to determine and acquire product-related information with regards to how end users are actually using it in the field. So I used it as a product engineer. One of the development groups I was in spun-off a whole section of the team to do just that.

Q. Would you agree with me that whether or not a user in the field as depicted in a YouTube video is or isn't using a product in the manner in which the manufacturer instructs, does that necessarily indicate that there is something inadequate or inappropriate about the instructions?

MR. SKLARSKY: Let me just note an objection to the form, and maybe it's 'cause I didn't hear the beginning, your voice may have trailed off, so...

MR. SCHULTZ: Yeah, let -- I can rephrase it. It was not a particularly artful question.

Q. In your experience, Mr. Vigilante,

W. VIGILANTE

you've certainly encountered circumstances where a manufacturer provides complete, clear, adequate instructions and warnings and people still misuse the product; correct?

- A. It can happen, certainly.
- Q. And you -- by the way, have you done any research to determine whether people who post YouTube videos about connecting infusion sets to their bodies are representative of the patient population of Medtronic?
- A. And what kind of study would you be referring to?
 - Q. Any kind of study.
- A. Well, from my review of the YouTube videos, they're the only ones I can find, and all of them were Medtronic Paradigm infusion set users. I know that there was a -- there was a couple more, but they were paid advertisements by Medtronic, so I didn't include them. So that's as much, you know, background research I went into choosing or using these YouTube videos or referencing these YouTube videos.

Page 355 Page 356 1 1 W. VIGILANTE W. VIGILANTE 2 2 Q. But so my question is: You have videos were posted after the June 2013 letter; 3 3 no information that the people who decided to is that correct? 4 4 go on YouTube and post these videos are in any I guess it's not the vast 5 5 way representative of the population of users majority, but several of them were; correct? 6 of Medtronic insulin pumps and infusion sets; A. Several of them were produced 7 7 right? after. 8 8 A. That's not true. O. And even with that information --9 9 Q. Well, how do you know they're first of all, do you know whether these people 10 10 representative? received that information? 11 11 A. Well, the -- the user population A. Yeah, I don't know if they were 12 12 is very large. If you're asking me whether or provided with the -- your patient letter or 13 not they represent the mean or a standard 13 14 14 deviation or two out from the mean, that's a Q. Okay. And you don't know when 15 15 they received IFUs and user guides and what different question, but they were all 16 16 Medtronic users, they were all prescribed the the content of those might have been after 17 infusion set, the Paradigm infusion set, so 17 June of 2013? 18 18 they were users. That's -- that's how I know A. I don't know. 19 19 they're representative of the population. Q. So at least you'd concede it's 20 Whether they -- I think your question is 20 possible that some of these people are 21 whether I know if they're the 95th percentile 21 removing the reservoir from the transfer guard 22 22 or the 5th percentile, and I don't, and I in a manner contrary to what the instructions didn't need that information for the way I was 23 23 are possibly even after they've received the 24 referencing it. 24 instructions in 2013 that you said were 25 Q. The vast majority of these YouTube 25 adequate? Page 357 Page 358 1 W. VIGILANTE 1 W. VIGILANTE 2 2 believe if I did see it, I would have noted A. Yeah, I don't remember saying that 3 3 they were adequate, so I think you're putting 4 4 words into my mouth and -- but to answer your MR. SCHULTZ: Okay. Thank you, 5 question, I don't know. I don't know if they Mr. Vigilante. I don't think I have 6 6 anything further. I will pass the witness received them or not. 7 to Ms. Martinez, although I may have some Q. Okay. You haven't issued an 8 opinion one way or another as to the adequacy follow up. 9 9 of the 2013 instructions and warnings; **EXAMINATION** 10 10 correct? BY MS. MARTINEZ: 11 11 A. I have not. Q. Hi, Mr. Vigilante, can you hear me 12 Q. I'm sorry. Did you hear my 12 okay? 13 13 auestion? A. Yes, ma'am. 14 A. I'm sorry. I answered. I said I 14 Q. All right. Thank you. 15 15 Mr. Vigilante, let me -- let me have not. 16 16 Q. Oh, I'm sorry. Okay. continue here with the videos. Let me refer 17 Did you review all of these videos 17 your attention to the video that talks yourself personally? 18 18 about -- in your report you say, "Another 19 19 A. Yes. video depicts a child who fills his reservoir 20 20 Q. Did you see in any one of these and then hands the unit to his mother to

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videos any insulin spilling out on to the tops

A. I don't recall. I will say that I

Q. Were you looking for it?

of any of the reservoirs?

A. I don't recall.

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remove the air bubbles. After checking the

reservoir for air bubbles, the mother hands

vial on the bottom. The child takes the unit

and pulls the reservoir off the transfer guard

the unit back to the child with the insulin

Page 359 Page 360 1 W. VIGILANTE 1 W. VIGILANTE 2 2 question is: The child kept the insulin vial without seeming to ensure or care that the 3 3 reservoir was held above the insulin vial." below the reservoir and the transfer guard; 4 4 Let me -- since I've not seen that correct --5 5

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video, let me understand what you're saying that the video represents. The child -- when the mother handed the insulin -- or, I'm sorry, the reservoir and the insulin vial back to the child, the child kept the insulin vial on the bottom, is that correct, that is below the reservoir and the transfer guard?

A. Yeah, he just -- if this is the unit with the insulin and reservoir, he just took it and grabbed it and popped it off (indicating). There was --

Q. Okay.

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A. -- no thought. There was no decision made. There was no consideration.

O. All right. So let -- let me understand.

So the answer to my question is, yes, the child kept the insulin vial below the transfer guard and the reservoir; correct?

A. One more time.

Q. Yes. So the answer to my original

A. The child --

Q. -- in that video?

A. The child did keep the insulin vial below the reservoir.

Q. Right, and -- and you've said in your report and you just repeated that there was no thought or care to do that. How is it that you determined that there was no thought or care on the part of the child to keep the insulin vial below the infusion -- I'm sorry, the reservoir and the transfer guard?

A. Again, because he -- he -- he grabbed it off his mother and popped it off. He didn't take it from his mother and say, "Okay," and then pop off. There was no -there was no -- there's no pause. Again, there was no time for consideration, so just in the fact the way he took it from her and popped the top off is why I said --

Q. Just --

A. -- that there was -- it, you know,

Page 361

W. VIGILANTE

it appeared that way, it appeared that -- it appeared that he didn't -- you know, there was no action on his part to make sure it was the right way.

Q. All right. So -- so to be fair, you're not inside this -- this child's mind; correct? You have no way of knowing what his thought process is, correct, or was?

A. Yeah, I'm not in his mind. I can just tell you the way it appeared.

Q. Right. So -- so basically your conclusion that there was no thought or care about keeping the vial of insulin below the transfer guard or -- and -- and the reservoir was based on the fact that the child did not pause and look at the insulin vial and the transfer guard and the reservoir before he disconnected, is that -- is that what you're saying?

A. What I'm saying is based upon what I watched in the video, there didn't seem to be any consideration as to the orientation. He just took it and popped it off.

Q. Yeah. And -- and --

Page 362

W. VIGILANTE

A. I can tell you from years of watching people use products if there's a deliber -- deliberia -- deliberation or consideration, you expect a different -- to see a different result in the person's behavior. So based upon my training and experience and what I'm seeing, that's, you know, that's why I wrote it that way.

Q. And -- and you don't know what information this child read or was given through training or through any other source --

A. I think you --

MR. SKLARSKY: We lost you. We -you're frozen.

MR. SCHULTZ: We lost you. MR. SKLARSKY: Yeah.

COURT REPORTER: She's frozen.

MR. SKLARSKY: Frozen. What

happened?

THE WITNESS: It happened earlier. MR. SKLARSKY: We ought to go --

THE VIDEOGRAPHER: Should we go off the video?

Page 363 Page 364 1 W. VIGILANTE W. VIGILANTE 2 2 MR. SKLARSKY: Yes. instructing whoever was watching the video on 3 3 MR. SCHULTZ: Yeah. the proper way, the proper orientation of the THE VIDEOGRAPHER: Off video, 12:37. 4 vial relative to the transfer guard and the 5 5 (A recess is held from 12:36 p.m. to reservoir during the disconnection process? 6 6 A. I'm sorry. I couldn't figure out 12:37 p.m.) 7 7 THE VIDEOGRAPHER: Back on. 12:38. where you were referring to in my report. 8 8 BY MS. MARTINEZ: O. Sure. Let me -- let me -- let me 9 tell you. It's Page 2 of 5 of your 9 Q. Okay. And, Mr. Vigilante, I 10 10 think you told Mr. Schultz earlier that both supplemental report --11 as to this child and as to any of the 11 A. Okay. 12 12 participants in the other videos you mention Q. -- in the second full paragraph, 13 13 in your report, that you are not aware of what second sentence. 14 14 information these users had on filling of the You see that? 15 15 reservoir; correct? A. Yes, ma'am. 16 16 Q. Okay. And so am I understanding A. I don't know. 17 17 properly what you're trying to convey in this Q. Right. And in -- in one of the 18 18 videos you mention, you say that the -- the paragraph, which is your impression that the 19 person in that video was instructing the users 19 person in the video alerts the viewer of the 20 need to flip the unit upside down before 20 or the viewers of the video the proper way to 21 21 orient the insulin vial with respect to the disconnecting the insulin vial from the 22 22 transfer guard and the reservoir during the transfer guard with the reservoir still 23 disconnection process? In other words, the 23 attached. 24 24 vial was -- was below the reservoir and the Am I understanding that this 25 25 transfer guard? person in this particular video was Page 365 Page 366 1 W. VIGILANTE 1 W. VIGILANTE 2 2 MR. SKLARSKY: I'm sorry. What --Q. Right. That -- that --3 3 A. Now, I'm not -- hold on. Hold on. what's the question though? What -- what 4 4 The view -- in that -- in that is --5 5 MS. MARTINEZ: The -- the question video, the user alerts the viewer, so he 6 6 is: Am I interpreting correctly what tells -- tells -- tells the video -- tells the 7 7 Mr. Vigilante is trying to say that the camera that you need to flip the unit upside 8 video depicted. I just want to make sure I down before disconnecting the insulin vial 9 9 understand what his report says. from the transfer guard, but then he 10 10 Q. Does -- are -- are you conveying subsequently turned it sideways before he took 11 11 here that this video showed that the insulin the insulin vial from the transfer guard so --12 12 vial was below the reservoir and the -- and Q. Okay. 13 13 the transfer guard? A. -- he -- he --14 A. No. The -- the first sentence of 14 O. So --15 15 A. -- he -- he told us the insulin the paragraph, if we're talking about the same 16 16 paragraph, says, "In two of the videos the vial had to be flipped, but then he didn't 17 17 user held the insulin vial, transfer guard, flip it upside down or what have you. He did 18 and reservoir sideways." 18 it sideways and he believed that you're 19 19 supposed to take the insulin vial off the So, again, if this is our unit, 20 20 they're holding it like this (indicating) as transfer guard before the reservoir, according 21 21 opposed to like this (indicating). to what he said and what he did. That's all 22 In one of the videos, the user 22 I'm trying to say. 23 23 Q. All right. So you keep talking removes the insulin vial from the transfer 24 24 guard first, which is not the correct way to about flipping without orientation, so in 25 25 do it according to the IFU. this -- in this video the viewer tells -- or

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Page 367

W. VIGILANTE

I'm sorry. The -- the person in the video tells the viewer that the insulin vial is supposed to be on the bottom of the reservoir and the -- and the transfer guard; correct?

A. I'm going to have to say that I don't specifically say it in the paragraph, so I don't know for sure, but I would think that my intention was is that he did -- he did mean to tell the viewer that the insulin should be -- vial should be on the bottom. I can't guarantee 100 percent, but I think that's --

Q. Okay.

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A. -- that would be correct.

Q. All right. And so let's assume that that -- that that's what you intended to convey here. So even though this particular person in the video knew the proper way to orient the vial, he still disregarded those instructions and when disconnecting the transfer guard from the vial turned it sideways. Is that the message you're trying to convey?

A. No. I'm not. I'm -- I'm trying to convey, again, that YouTube videos are

W. VIGILANTE

showing that the more natural way of taking these things off is -- is with the reservoir on the bottom or in some cases sideways as opposed to being on top which we talked about last deposition.

So the YouTube videos were -- you know, I -- I did a -- did a search to find all them that I could find that were not done by Medtronic professionally paid people, and I documented what I saw in those videos; and the majority of the videos I saw them doing it the wrong way, and I saw them doing it the way you would expect based upon natural tendencies, trying to be as efficient and as comfortable as possible, everything I talked about in the report and in my task analysis.

O. Sir, just to be clear, in some of these videos, the people in the videos were doing it exactly correctly as the -- in accordance with the IFUs; correct?

A. I will state it this way: In four of the videos the user held the reservoir above the insulin vial before removing it from the transfer guard. I didn't see and watch to

Page 369

W. VIGILANTE

determine if they followed the IFU completely for the whole process, but with regard to Step 6 as it relates to our case, they did hold the reservoir above the insulin vial before removing it from the transfer guard.

Q. Okay. Mr. Vigilante, are you aware that Unomedical had nothing to do with the design of the P-cap?

A. It's my understanding that's correct.

Q. Okay. And do you understand that Unomedical had nothing to do with the manufacturing of the P-cap when the -- when the 510(k) for the Silhouette infusion set was submitted to the FDA?

A. I'm aware that at one point Unomedical was not manufacturing the P-cap, but I can't give you a reference with respect to the 501(k).

Q. Are you aware that until approximately 2006 Medtronic was manufacturing the P-cap and providing it to Unomedical for assembly into the finished infusion set?

A. Yeah, again, I -- I know that at

Page 370

Page 368

W. VIGILANTE

one point Medtronic was manufacturing the P-cap, and then eventually that shifted to Unomedical manufacturing it, and I don't know offhand what that time frame is.

Q. All right. Have you reviewed the IFU for the infusion set that was shipped by Medtronic with Ms. Dennert's Silhouette infusion set?

A. Yes.

Q. Is that noted in your report?

A. I don't know if it is or is not, but if you give me a moment, I'll be happy to look.

(Reviewing document.)

I have -- under Page 3 I have IFUs for Paradigm reservoir and infusion set.

Q. Okay. And I would like for you to tell me what, if any, criticisms you have of the infusion set IFU. I understand that you've gone over criticisms you have about the IFU for the reservoir, but I want to know specifically as to the infusion set IFU what criticisms, if any, you have.

A. I just want to append my last

Page 372 Page 371 1 1 W. VIGILANTE W. VIGILANTE 2 2 answer that I also note in my material Q. Okay. 3 3 A. The issue I was looking at was reviewed that I had exemplar Paradigm 4 reservoir and infusion set. So those are the 4 the -- related to the prime fill anomaly. ones, my understanding is, were -- were the --5 5 O. Right. And so -- so as -- as I 6 6 were the sets that Mrs. Dennert had at the understand it, your criticisms that you've 7 7 expressed both in your report and in your time of the incident. 8 8 Q. Okay. Did you hear my last deposition have been directed at the IFU for 9 9 the reservoir, correct, the Paradigm question? 10 10 A. I'm sorry. You're going to have reservoir? 11 to do that one more time. 11 A. Well, yes and no. 12 12 O. Sure. No worries. Q. Well, if you have any criticism 13 13 specifically as to the infusion set IFU, I I would like to know each and 14 14 every criticism, if any, that you have of the would like to hear those, please. 15 15 IFU for the Silhouette infusion set. A. Well -- well, I think you're 16 16 missing the point. The point is, is that it's A. Oh, yeah, I don't have -- as 17 17 a system developed and sold by and introduced opposed to the Paradigm IFU, the IFU for the 18 18 to the stream of commerce by Unomedical and infusion set itself, at least the instructions 19 19 it's providing are related to attaching it to Medtronic. So the Paradigm isn't used in a 20 20 the cannula and putting it in your skin, so vacuum. The Paradigm reservoir isn't used in 21 21 a vacuum. The infusion set isn't used in a it's not really related to the prime fill 22 22 anomaly, so I didn't get into whether or not vacuum. It's a system. And it -- to me it 23 23 the IFU for the infusion set, the instructions looked like, you know, however you guys 24 it provides with respect to connecting it to 24 decided between you guys, you were going to 25 the -- to the body were adequate or not. 25 provide the information related to connecting Page 373 Page 374 1 1 W. VIGILANTE W. VIGILANTE 2 2 the P-cap to the reservoir in the IFU for the I'm --3 3 Paradigm, but you sure as -- could have done THE WITNESS: Can you see us. 4 4 both, and I don't have an opinion regarding MS. MARTINEZ: Okay. I'm sorry. 5 5 that. But it's -- you know, it's the entire It just -- it just cuts out and I have no 6 connection system that's the -- that's at 6 control over it. I apologize. 7 7 issue, and that's where my opinions are BY MS. MARTINEZ: 8 8 with -- with regard to the -- filling the Q. I think my question was: Do you 9 reservoir and connecting it to the P-cap which 9 understand that Unomedical had nothing to do 10 is a integrated part of the infusion set. 10 with the design of the reservoir? 11 Q. All right. So let -- let -- let 11 A. Yes, it's -- that's correct. 12 me then start with you understand that 12 Q. Okay. And you understand that 13 13 Unomedical had nothing to do with the design Unomedical had nothing to do with the 14 of the reservoir? 14 manufacture of the reservoir? 15 15 THE WITNESS: Did you have a A. I believe that's correct, too. 16 16 question? I'm sorry? Q. Okay. And do you understand that 17 COURT REPORTER: I think we lost the 17 Unomedical had nothing to do with the design 18 sound again. 18 of the insulin pump? 19 THE WITNESS: Okay. 19 A. I do know that. 2.0 2.0 MR. SCHULTZ: Ileana, can you hear Q. And -- and by the insulin pump and 21 21 us? Yep, she's gone. the reservoir, I'm not only talking about the 22 22 THE VIDEOGRAPHER: Should we go off one that Ms. Dennert was using, but any 23 23 insulin pump and any reservoir of the Paradigm the record? 24 24 MR. SCHULTZ: Give her two seconds. family. 25 25 MS. MARTINEZ: I lost you again. A. Yeah, I haven't seen anything to

Page 375

W. VIGILANTE

suggest that Unomedical designed the pump or the reservoir.

- Q. Okay. And you also -- and you also understand that Unomedical neither manufactured the pump, and you've already acknowledged that you have no information that it manufactured the reservoir; correct?
 - A. I believe that's correct.
- Q. Okay. Do you understand that Unomedical manufactured the infusion set, the tubing part until 2006 and obtained the P-cap connector from Medtronic to assemble it into its infusion set?
- A. I knew that was correct, but I don't know what the time frame was.
- Q. Understood. So I would like for you to tell me, again, my original -- with -- with -- with the understanding that I now know that you've got about Unomedical's role or -- or lack thereof in the insulin pump and the reservoir and in the design of the P-cap, I would like for you to tell me what, if any, criticisms you have specifically of the infusion set IFU.

Page 376

W. VIGILANTE

And I'm not making you try to have any criticisms. You may not have any criticisms specifically about the IFU for the infusion set.

MR. SKLARSKY: Well, let me just put an objection on the record. The other aspect is or whether or not he evaluated it for this case.

Q. Okay. Go ahead, sir.

A. Yeah. So as I tried explaining earlier, the -- the specific IFU that came with the infusion set as opposed to the IFU for the Paradigm reservoir didn't address the issue related to the prime fill anomaly. The IFU for the Paradigm reservoir did. So that's where the focus of my attention was.

My criticism of Unomedical is that the infusion set and reservoir are a system, and adequate warning and instruction needed to be provided for that system, and because the IFU for the Paradigm pump that -- that was shipped with the Paradigm pump wasn't adequate, that is my opinion, that Unomedical failed to provide adequate instruction and

Page 377

Page 378

W. VIGILANTE

warning. It has --

Q. Okay.

A. -- it has -- you know, it -- that's -- that's what I was trying to explain.

Q. Okay. So -- so you don't have -- again, as to my question, the IFU, the paper, the written IFU, what I understand is that you don't have any criticisms of the IFU itself. What you're criticizing is Medtronic's IFU for the reservoir.

A. I think the best way to express it is that my criticisms are with respect to the instructions and warnings that Unomedical and Medtronic provided with respect to the prime fill anomaly hazard.

- Q. All right. I want to -- I want to -- you understand that, that Medtronic and Unomedical are separate and independent companies? Do you understand that?
- A. I understand they're two different companies.
- Q. Okay. And we've already gone through the products that Unomedical makes and provides to Medtronic and ones that Medtronic

W. VIGILANTE

designs and manufactures entirely on its own; correct? And so what I want to know is, again, just my question is focussing on the infusion set IFU, do you have any criticisms? Are you going to offer any opinions about the paper, about the IFU for the infusion set?

- A. Yes. So, again, I didn't evaluate the IFU specifically that accompanied the infusion set. I evaluated the warnings and instructions that Unomedical and Medtronic provided with respect to the prime fill anomaly hazard.
- Q. All right. So specifically as to the IFU, what information do you believe that the IFU for the infusion set should have contained that it does not?
- A. Yeah, if the intent of Unomedical and Medtronic was to cover the warnings and instructions related to the connection of the reservoir to the P-cap and infusion set was going to be done in the Paradigm reservoir, then that's my understanding. That's the way I looked at it. That's the way I understood it. I didn't evaluate the IFU for the

Page 379 Page 380 1 1 W. VIGILANTE W. VIGILANTE 2 2 infusion set because it had nothing to do with an exhibit? 3 3 the connection of the reservoir to the P-cap MS. MARTINEZ: You know, I -- I don't know if it was. I don't think so. 4 connector. It had to do with the insertion of 4 5 5 the infusion set to the skin, and that wasn't MR. SKLARSKY: Was it sent --6 related to the hazard. Q. Can you take --7 Q. Okay. So then you -- you MR. SKLARSKY: Was it --8 8 understand that in Unomedical's infusion set Q. -- can you take a look at the 9 9 infusion set IFU that you have listed in your IFU, it directs the user to the pump user 10 10 report as having reviewed? guide to install the infusion set and the 11 reservoir system into the pump? Did you see 11 A. I'm not sure what you're asking. 12 12 that there? I'm -- I'm -- I have a copy of the infusion 13 13 A. You're going to have to let me set IFU. 14 14 know where that's at. I've got it pulled up Q. Right. 15 15 on my screen, if you can let me know where A. It's my understanding it's a --16 16 it's a picture of the IFU that was in the 17 17 exemplar I -- infusion set that Mrs. Dennert Q. It should be -- and, again, I 18 18 had at the time of the incident -don't know what document you've got in front 19 19 of you, can you --O. Right. 20 MR. SKLARSKY: Is there an exhibit 20 A. -- and I believe --21 21 Q. And you -that -- that --A. -- I have another copy of that IFU 22 22 Q. It -- it should be at the very 23 23 that was produced by Medtronic and/or beginning somewhere. 24 MR. SKLARSKY: I'm sorry. Is -- was 24 Unomedical. I'm going to say Medtronic 'cause 25 it marked at -- at the prior deposition as 25 it's listed as -- under my Medtronic heading Page 381 Page 382 1 1 W. VIGILANTE W. VIGILANTE 2 2 in the -- in discovery. So that --Okay? 3 3 Q. All right. A. Okay. 4 Q. Is -- do you have any criticisms 4 A. -- that's how I would identify 5 5 about Unomedical referring the user to the them. 6 6 reservoir IFU for purposes of filling the Q. Sure. And do you see language 7 7 there to the effect that the IFU for the reservoir with insulin from the insulin vial 8 8 infusion set refers the user to the pump user and connecting that reservoir to the infusion 9 9 guide to install the infusion set and set? 10 reservoir system into the pump? Do you see 10 A. I'm sorry. You lost me. 11 11 O. Sure. Assume for me that the that? 12 A. I don't. That's why I asked you 12 infusion set IFU that Ms. Dennert had 13 13 where it was. available to her with the Silhouette infusion 14 Q. Okay. But you don't -- you don't 14 set referred her to the Medtronic reservoir 15 see that at all, anywhere there? 15 IFU for purposes of instructing her how to 16 A. I don't see it. I don't -- I'm --16 connect the infusion set to the reservoir. 17 17 I'm -- you know, I don't want to mislead you, A. Okav. 18 but I don't see it. 18 Q. Okay. Do you have any criticisms 19 Q. Okay. Well, let me ask you this: 19 of Unomedical doing that? 20 Assume for me, please, that the infusion set 20 A. I don't think so. 21 IFU that Ms. Dennert received with her 21 Q. Okay. And I understand that --22 Silhouette infusion set referred her to the 22 that you do criticize the -- the reservoir 23 Medtronic pump user guide in order to set up 23 IFU, but in terms of just Unomedical referring 24 the infusion set and the reservoir system with 24 the user to the reservoir IFU, you don't have 25 25 the pump. any criticisms of that?

Page 383 Page 384 1 1 W. VIGILANTE W. VIGILANTE 2 2 A. As I just said, I don't think so. exactly what Unomedical should have done in 3 3 If that's what the IFU for the infusion set terms of warnings or instructions. 4 said refer to the IFU for the reservoir, for 4 A. Yeah, again, they should have made 5 5 sure that adequate instructions were provided connection of the P-cap to the reservoir, 6 that's fine. if they were going to rely upon the IFU for 7 the reservoir, that they were provided in that Q. Okay. So then, again, my original 8 8 question was: As -- you know, when you get to IFU to alert people to the hazard and how to 9 9 trial, are you going to say to the jury that avoid it. That's the simplest --10 10 Unomedical should have had certain pictures or Q. And --11 language or infusion set -- I'm sorry, or --11 A. -- way I can put it. 12 12 or pictures or language or warnings in its IFU Q. All right. And -- and how in your 13 13 for the infusion set? And if so, I would like opinion should Unomedical have --14 14 to know what those are. And if not, just let (Technical difficulties.) 15 15 MR. SKLARSKY: Can you -- you me know. 16 16 A. Yeah, I wasn't planning on trailed off. We lost you again I think. 17 17 bringing up the IFU for the infusion set to That is the problem with these deps. 18 18 say that it needed X, Y, or Z. THE WITNESS: It's apparently 19 19 whenever she's talking. Q. Okay. And so, again, throughout 2.0 your report you say Medtronic and Unomedical 20 MR. SKLARSKY: Okay. We're off --21 should have done this and should have done 21 MS. MARTINEZ: I am --22 22 that. What exactly then -- now putting the MR. SKLARSKY: Yeah. 23 IFU, right, the written IFU apart because 23 MS. MARTINEZ: I am so sorry. Let 24 we've already covered that and I understand 24 me -- let me contact my IT person. This is 25 your position, I would like to understand 25 ridiculous. Page 385 Page 386 1 W. VIGILANTE 1 W. VIGILANTE 2 2 THE WITNESS: You guys want to take Your question was never finished. 3 3 MS. MARTINEZ: No, no. I'm sorry. a little break here? 4 4 MS. MARTINEZ: Yes, let's -- let's The answer to the question before that. 5 5 do that. Let's just take five. Thank you. (The following portion of the record 6 THE VIDEOGRAPHER: Off video. The 6 is read by the Court Reporter: 7 7 "ANSWER: Yeah, again, they should time, 13:05. 8 8 have made sure that adequate instructions (A recess is held from 1:04 p.m. to 9 9 1:15 p.m.) were provided if they were going to rely 10 10 upon the IFU for the reservoir, that they THE VIDEOGRAPHER: We are back on 11 11 the record. The date September 23rd, 2016. were provided in that IFU to alert people 12 12 The time 13:15. to the hazard and how to avoid it. That's 13 13 the simplest way I can put it.") MS. MARTINEZ: Ms. Court Reporter. 14 14 BY MS. MARTINEZ: can you read the last question that was 15 15 Q. Okay. And the question -- and my pending? 16 16 (The following portion of the record follow-up question was: Please explain to me 17 17 is read by the Court Reporter: how it is that Unomedical should have done 18 18 "QUESTION: All right. And how in that. 19 19 your opinion should Unomedical have --") A. In conjunction with Medtronic. 20 20 Q. What do you mean by that? MS. MARTINEZ: Okay. 21 21 MR. SKLARSKY: That gets us really A. It's a system comprised of parts from Unomedical and Medtronic that Unomedical 22 22

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MS. MARTINEZ: So why don't you read

THE WITNESS: Didn't have an answer.

far.

his answer.

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is manufacturing and shipping for Medtronic.

instructions that were necessary were

You should have ensured that the warnings and

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Page 387

W. VIGILANTE

orientation: correct?

- - A. The prime fill anomaly.
- Q. All right. And so tell me exactly how Unomedical should have ensured that, according to you, there were proper instructions and warnings about a reservoir that is not Unomedical's product, it does not design it, and it does not manufacture it.
- A. I understand that Unomedical doesn't manufacture the reservoir. However, the reservoir connects to the infusion set that is a system. Therefore, it's your system, your half of the system that the hazard's associated with. Because there was a hazard associated with your system or the -your product that was part of a system, you had a responsibility to ensure adequate instructions and warnings were provided. Whether you did that by relying upon the Paradigm IF -- Paradigm reservoir IFU or if you did that independent of Medtronic, it was your responsibility to ensure people were warned and adequately instructed.
 - Q. All right. And -- and when you

Q. Okay. So your testimony is that Unomedical had a duty to provide instructions regarding a product that is the reservoir that was not Unomedical's product?

and warnings and you should have made sure it

W. VIGILANTE

provided; and if you were going to rely upon

going to use it another way, then you should

have made sure it was done through the other

way, but you had a responsibility to provide,

excuse me, to provide adequate instructions

have made sure it was in there. If you're

the IFU for the Paradigm pump, then you should

- A. No. I said they had a responsibility to ensure that adequate instructions and warnings were provided. If they relied upon Medtronic to do so, that's fine, but they needed to ensure that adequate instructions and warnings were provided.
- Q. Okay. And when you say "adequate instructions and warnings," I'm assuming you are talking about what is at issue, according to you, in this case which is the -- the reservoir and the vial, the insulin vial

Page 389

Page 390

Page 388

W. VIGILANTE

say "were warned," you are talking about the prime fill anomaly issue; correct?

A. Yes.

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was done.

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- Q. All right. And when is it your understanding that Unomedical first learned about the prime fill anomaly?
- A. I have testimony from your corporate designee. Let me see if I can grab that real quick.

According to Rabi Gharabli -- and I apologize for not pronouncing his name correctly.

- Q. You did fine.
- A. I'm sorry?
- Q. You did fine.
- A. -- Unomedical learned about the issue related to the membrane getting wet affecting dosage after it became public.
- Q. And -- and did you understand that after it became public, it means after the June 2013 warning letters and ultimate recall; correct?
- A. After it became public. I don't think he defined what "public" means, but

W. VIGILANTE

I'm -- I'll agree with you it was sometime in 2012, 2013 time frame.

- Q. Okay. So -- and -- and 2013 was certainly after Ms. Dennert's incident; correct?
 - A. Sure.
- Q. Right. And so is it your testimony that Unomedical should have warned about the prime fill anomaly before they even knew about it?
 - A. No.
- Q. Okay. So -- so you're saying that Unomedical should have ensured that Medtronic issued proper warnings and instructions related to the prime fill anomaly at what point in time?
- A. When they developed the system which was back in 2001 time frame, 2000, 2001.
- Q. Okay. What do you mean "when they developed the system"?
- A. When you guys developed the system between Medtronic coming up with the P-cap and sending it to Unomedical to attach to an infusion set that was going to be used with a

Page 391 Page 392 1 1 W. VIGILANTE W. VIGILANTE 2 2 reservoir, that's when you guys should have you aware of any risk analysis that Unomedical 3 3 been doing your risk analysis and human had in its possession or reviewed prior to or 4 4 factors analysis as noted in my report and at the time that it submitted its 510(k) 5 5 you -from -- to the FDA for the infusion set? 6 A. Yeah, based upon my reading of Q. Okay. A. -- should have identified the 7 Mr. Gharabli, I don't think they did any or 8 8 hazard then and you should have provided or had anv. 9 9 ensured warnings, adequate warnings and Q. Okay. So -- okay. So that's the 10 10 instructions were provided at that point. basis, you're saying that Mr. Gharabli said Q. All right. So do you know what 11 11 12 12 risk analysis was reviewed by Unomedical A. I'm saying that he didn't testify 13 before the 510(k) was submitted to the FDA or 13 to that they had any or that they did any. 14 14 at the time? Q. Do you know what page of his 15 15 A. Give me a moment. deposition that testimony's at? 16 16 (Reviewing document.) A. That's what I'm saying. There's 17 17 no testimony about it. There -- there's no The only thing I know is that 18 18 Mr. Rabi Gharabli testified that he's not testimony that they did a risk analysis. 19 19 aware of any human factors testing to There's no testimony that he reviewed any risk 20 determine proper use of the infusion set and 20 analysis. 21 does not remember any human factors studies or 21 I just noted that he didn't any --22 22 analysis involving the Paradigm Quick-set he wasn't aware of any human factors testing 23 23 infusion set; and that -- that's his testimony 24 on Page 67. 24 Q. Now, is it your understanding --25 Q. All right. My question was: Are 25 tell -- are you aware of any FDA or other Page 394 Page 393 1 1 W. VIGILANTE W. VIGILANTE 2 2 regulations or industry cut -- oh, God. availability within the Federal Register. 3 3 Q. And certainly you know that FDA A. Oops. 4 4 (Technical difficulties.) guidance is not an FDA regulation; correct? 5 5 A. I'm sorry. Yes, it was a A. Seems we --6 6 guidance, not a regulation. Q. Apologies again. 7 7 A. It's okay. Q. Okay. Is it your understanding 8 Q. Sorry. We got disconnected again. 8 that --9 9 Are you aware of any FDA (Technical difficulties.) 10 10 regulations or industry standards and customs Q. My apologies. Again, I keep 11 that required Unomedical to conduct a human 11 getting disconnected. Let's -- let me just 12 factors analysis at the time that the -- that 12 withdraw that last question. 13 13 it submitted the infusion 510(k) to the FDA? So how is it that if Medtronic 14 A. Yeah, I'm not aware of the FDA 14 wanted to have a certain IFU for its product, 15 15 requiring it. I remem -- I -- I'm aware that the reservoir, and -- and that -- and that IFU 16 they recommended it and it was a guideline 16 is the one that Medtronic issued, how is it 17 provided by the FDA that it does. 17 that Unomedical would have forced Medtronic to 18 Q. Okay. What guideline is that? 18 produce and provide a different IFU for its 19 A. Well, hold on a minute. 19 product than the one that Medtronic provided? 20 20 (Reviewing document.) A. According to Mr. Gharabli, 21 In 2000 the FDA published their 21 Unomedical has been involved in the creation 22 guidance for industry and FDA reviewers on 22 and working very closely with Medtronic on the 23 medical device use, safety, incorporating 23 IFU for the infusion set since the 501(k). It 24 human factors, engineering, and to risk 24 was --

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management avail -- risk management

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Q. For the infusion set --

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Page 396

W. VIGILANTE

- A. For the infusion set --
- Q. -- correct?

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A. -- but the infusion set is part of the system that's involved in this hazard.

So if Unomedical said, "Hey, guys, we identified this hazard associated with this system, you need to make sure we're warning about it and we're suggest that you do it in the Paradigm IFU," and Medtronic says, "No, we don't care, we're not going to do it," then Unomedical has a couple choices. They can say, "Okay. Well, we're going to provide warning with our infusion set because that's half of the problem" or they can say, "I'm sorry, Medtronic, we're not going to manufacture this product for you and put it into the market because it's unreasonably dangerous and defective."

So that seems to be the -- the two easiest choices that I can come up with at this point.

Q. And at -- at the -- what -- what evidence do you have that at any time prior to 2013 Unomedical was aware of the potential for

W. VIGILANTE

users not to properly position the insulin vial below the reservoir and the connector when disconnecting the transfer guard and the reservoir from the insulin vial during the filling of the reservoir?

- A. So according to Mr. Gharabli, the corporation didn't recognize it until it became public in 2012, 2013, but according to their own records, they've been taking service calls related to this anomaly for a number of years, which means that they were aware of it even if they weren't aware of it at a corporate level.
- Q. So when you say "this anomaly," your understanding is that Unomedical was aware for a number of years prior to 2013 about this potential user error that can occur during the filling of the reservoir?
- A. Yeah, it's my understanding that when Unomedical went back and looked at their -- their calls, their service calls, they identified hundreds of these calls that were relevant or related to this anomaly over the years.

Page 397

- Q. When you say "this anomaly," you're talking about the temporary vent block that is the subject of the June 2013 letter to physicians and users and ultimately the subject of a voluntary recall?
 - A. Of the prime fill anomaly.

W. VIGILANTE

Q. All right. So --

MR. SCHULTZ: Object to the form. Excuse me. I just want to interpose an objection. Object as not responsive.

MS. MARTINEZ: I join.

- Q. Is it your understanding that the prime fill anomaly is the same thing as a temporary vent block?
- A. That's what it was all about, is the blockage of the vents on the P-cap.
- Q. So is the answer, yes, you believe that the temporary vent block is the same as the prime fill anomaly?
- A. Yes, the prime fill anomaly was caused by the blockage of the vents.
- Q. Other than what you've already stated, do you have any other criticisms of Unomedical with respect to the issue -- to the

Page 398

W. VIGILANTE

issues in this case?

MR. SKLARSKY: Well, I'm just going to object to the form. You mean anything other that's -- what he's already either testified to in a deposition --

MS. MARTINEZ: Yes.

MR. SKLARSKY: -- or in his report? MS. MARTINEZ: Other than what he's already testified to.

MR. SKLARSKY: Well, all right. Let me just note my, you know, note my objection. It depends what questions were asked. He's issued a report that set forth the various opinions.

- A. Yeah, my opinions regarding Unomedical are -- are listed in my report and, you know, I stand by them.
- Q. Okay. We've covered some of them, and so I would like for you to point to your report what other criticisms of Unomedical you have.
- A. In my findings, Number 1, Number 3, Number 4, Number 5, Number 6, Number 9, Number 13, Number 14, Number 15,

Page 399 Page 400 1 1 W. VIGILANTE W. VIGILANTE 2 2 ground that has, I gather, really been Number 16, Number 17, Number 18. 3 3 O. All right. So Number 1 says, "The exhaustively reviewed at this point, so I 4 unintended delivery of insulin resulting from 4 think we're just --5 5 the blockage of the P-cap connector vents MS. MARTINEZ: Actually, not. He --6 created a hazard to users of the Paradigm 6 the answers that he gave -- you know, Mr. 7 7 infusion set and reservoir." Schultz may have -- his question may have 8 8 been broader, but Mr. Vigilante's answers A. That's correct. 9 9 were as to liquids or contaminants on top Q. All right. And the blockage of 10 10 of the reservoir. I -- my question is the P-cap connector vents, you're talking 11 about insulin that gets on top of the 11 different. I would like to know whether he 12 12 reservoir if the user does not follow has any evidence at all of any liquid, 13 13 Medtronic's instructions on the filling of the insulin, or contaminant that was inside 14 14 Ms. Dennert's infusion set connector, her reservoir: right? 15 15 P-cap, and blocking the vents on the -- on A. That is one potential cause. 16 16 Q. All right. Well, let me ask you the day of the incident. 17 this: Is -- do you have any opinions or 17 A. Yes, I'm relying upon 18 18 evidence in this case whatsoever that there Dr. Klimowicz. 19 19 And it's 1:35, 20 minutes beyond was any other liquid or substance or 20 contaminant, as I think you put it earlier, 20 our agreed upon time frame, so I'm going to 21 21 that was inside of the P-cap for Ms. Dennert's ask that we break for lunch 'cause I'm 22 22 infusion sets that she used on the day of the absolutely famished, and it doesn't sound like 23 23 incident? you're going to be done within the next five 24 MR. SKLARSKY: Just let me note an 24 minutes. 25 25 objection. I think we're really covering Q. All right. There's a pending Page 401 Page 402 1 1 W. VIGILANTE W. VIGILANTE 2 2 question, though, and I'd like an answer to my MS. MARTINEZ: We'll take a break. 3 3 THE WITNESS: Thank you. question. 4 4 Are you aware of any evidence that MS. MARTINEZ: Thank you. THE VIDEOGRAPHER: We are now going 5 there was any liquid or other contaminants 6 inside Ms. Dennert's infusion set P-cap, 6 off the video record. That concludes DVD 7 7 Number 2. The time is 13:38. either set that she used the day before the 8 incident or, you know, the evening of the (A recess is held from 1:37 p.m. to 9 9 incident or prior to the incident? Exclude 2:36 p.m.) 10 10 insulin because I understand your opinion that THE VIDEOGRAPHER: Back on. This 11 11 commences DVD Number 3, September 23rd, based on what Mr. Klimowicz is testifying, 12 12 that -- that you believe that somehow there 2016. The time, 14:37. 13 13 BY MS. MARTINEZ: was insulin inside a P-cap connector because 14 it got on top of the reservoir. 14 Q. Mr. Vigilante, before we broke for 15 15 lunch we were talking about your finding My question is different and it 16 16 is: Is there any evidence whatsoever that Number 3 in your report; and basically it 17 17 says, "Unomedical's failure to conduct any you've got that there was any liquid or 18 18 contaminant other than insulin inside human factors testing," and we were exploring 19 19 Ms. Dennert's infusion set P-cap on either 20 20 Can you be more specific? Tell me infusion set that she used the day before she 21 21 was found? what human factors testing and on what device 22 22 A. You changed your question. Unomedical should have conducted.

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Other than insulin, I do not.

O. Okav.

A. And --

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A. Yeah, they -- they should have

set system, which included its connection to

started with a task analysis on the infusion

Page 403 Page 404 1 1 W. VIGILANTE W. VIGILANTE 2 2 the Paradigm reservoir; and then they should beginning of the design phase with determining 3 3 have conducted usability studies much like requirements, determining what the system 4 Medtronic did or Mini-Med did. 4 needed to do and not do, determining what 5 5 Q. Okay. So you're saying that potential steps were needed to use the product 6 6 Unomedical had a duty to conduct its own human correctly, determining what kind of errors 7 7 factors testing and -- did you say feasibility could be made, determining what kind of 8 8 hazards are associated with those errors, what studies? 9 9 kind of information was needed to do the -- to A. Usability studies. 10 10 Q. Usability. Thank you. use the product properly and safely, determine 11 11 whether or not if it was going to include an And your basis for saying that is 12 12 IFU or other instructions and warnings, what? 13 whether or not they were effective; and then 13 A. It's your product. You're 14 14 validate that when they got it all together manufacturing the product. You're introducing 15 15 the product into the stream of commerce. that people were using it and using it 16 16 Q. When you say "the product," your correctly. 17 17 talking about the infusion set? Q. Okay. And -- and you understand 18 18 that -- or is that -- when you say "the A. Yes. 19 product," you're talking about not only the 19 Q. All right. So can you describe 20 for me, please, what that human factors and 20 infusion set, but you're talking about 21 Medtronic's reservoir; correct? 21 usability study that -- that Unomedical should 22 A. Including its connection to the 2.2 have done, how should it have been performed? 23 23 A. It should have been performed reservoir, correct. 2.4 24 Q. And do you understand that -competently by a human factors professional. 25 that -- when you say at the point it was 25 It should have started at the -- at the Page 405 Page 406 1 1 W. VIGILANTE W. VIGILANTE 2 2 designed, that Unomedical did not design the Q. I'm sorry. Is your answer, yes, 3 reservoir, did not design the P-cap, so I'm Medtronic -- Medtronic conducted both human 4 factors and usability studies on the 4 confused when you say at the point it was 5 5 reservoir, the P-cap, and the infusion set? designed. 6 6 A. They tested -- they did an A. I'm sorry you're confused, but at 7 7 assessment of the connection of the P -- of some point Unomedical had to design the 8 8 infusion set with the incorporation of that the reservoir to the infusion set. 9 9 P-cap. That's part of the design process. Q. Okay. But you're saying that 10 I'm not sure what you're not understanding. 10 Unomedical should have done their own human 11 11 factors and usability studies and ignored Q. Okay. So you're talking about the 12 infusion set, you're not talking about the 12 Medtronic's? 13 13 A. I didn't say that. reservoir? 14 14 Q. Okay. But you're saying that A. Yes. 15 15 Unomedical should have conducted its own human Q. And do you understand that 16 16 Medtronic conducted usability and -- and human factors and usability study on both the 17 17 reservoir and the infusion set connection with factors studies on both the P-cap and the 18 18 reservoir; correct? the reservoir? 19 19 A. They conducted it with the A. What I'm saying is Unomedical was 2.0 20 infusion set and the reservoir, but they only not aware of any human factors testing done on 21 21 got to -- I think Task 10 was connecting the product. They should have ensured it was 22 the -- dropping the -- the reservoir into the 22 done. If they were going to rely upon 23 23 pump. I don't think they ever looked at Medtronic's assessment, they should have made 24 24 sure that Medtronic was doing it correctly. whether or not a person could -- could insert

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the cannula into the body.

Q. Do you understand that

Page 407 Page 408 1 1 W. VIGILANTE W. VIGILANTE 2 2 Mr. Rabi Gharabli was deposed in his analysis involving the Paradigm Quick-set 3 3 infusion set. individual capacity? 4 MR. SKLARSKY: I'm going to object 4 Q. Okay. And -- and all that you're 5 5 to the form 'cause I just don't know what relying on is Mr. Gharabli's testimony, 6 6 you mean by "individual capacity." correct, you don't have testimony from anyone 7 MS. MARTINEZ: Okay. else at Unomedical? 8 8 O. Do you -- Mr. Vigilante, do you A. That's correct. 9 9 know the dist -- the difference between a --Q. Okay. And, again, just to be 10 10 an employee of a company being deposed in sure, what -- what you put -- let me -- let me 11 their individual capacity versus their 11 go to your Finding Number 4, which says, "Had 12 30(b)(6) or corporate representative capacity? 12 Medtronic and Unomedical performed an adequate 13 A. Yes. 13 human factors analysis of their reservoir, 14 14 infusion set, and P-cap connector" -- and, Q. Do you, in fact, know what 15 usability study, what risk analysis, what 15 again, understanding that the reservoir was 16 human factors information Unomedical had in 16 not Unomedical's product -- "they would have 17 17 its possession at or around the time that it identified the potential for users to remove 18 18 submitted the 510(k) to the FDA? the reservoir while it was upright under the 19 MR. SKLARSKY: Objection to the 19 insulin vial, insulin to contaminate the P-cap 20 form. Go ahead. 20 membrane, and the hazard created by the 21 A. According to Mr. Gharabli, who was 21 blockage of the P-cap connector vents." 22 involved in the submission of the 501(k), he 22 Is that what you would have 23 does not recall any human factors testing to 23 expected for the human factors testing and the 24 determine proper use of the infusion set. He 24 usability testing that you expected Unomedical 25 does not recall any human factors studies or 25 to conduct, is that what you would have Page 410 Page 409 1 W. VIGILANTE 1 W. VIGILANTE 2 2 expected Unomedical to test for or to find? consider yourself an FDA expert, with respect 3 A. I would have expected that if to which topics? 4 4 Unomedical performed adequate human factors A. Well, maybe I can short circuit 5 this for you because we went over this evaluation or relied upon an adequate human 6 factors evaluation by Medtronic, they would 6 in-depth in the first deposition so I'm not 7 7 sure why you're re-asking it today. have identified it. 8 I'm not holding myself out as an Q. And, again, you're -- you --9 9 you're not testifying as a regulatory expert, FDA expert with respect to matters in this 10 10 case. I'm leaving those questions regarding correct, as an FDA expert? 11 11 the regulations and the approvals and the MR. SKLARSKY: Objection, to the --12 12 processes associated with it to Dr. Klimowicz. to the form of the question. He -- you 13 13 Q. Okay. And my question was more, know, it's clear --14 MS. MARTINEZ: I'm sorry. I didn't 14 just to be clear, that the hazard that you are 15 15 contemplating in -- in your report and that hear the --16 16 MR. SKLARSKY: I'm objecting to the you would have expected Unomedical to discover 17 17 -- I'm objecting to the form of the as a result of what you believe should have 18 18 been proper human factors testing is the auestion. 19 19 hazard of not having the insulin vial below MS. MARTINEZ: Thank you. 2.0 20 Q. Sir, you're not an FDA expert; the reservoir and the -- and the transfer 21 21 correct? guard in the process of disconnection; 22 A. Depends on the topic. 22 correct? 23 Q. I'm sorry? 23 MR. SKLARSKY: Object. Objection to 24 24 the form. You know, it's a partial A. Depends on the topic. 25 25 Q. What topics are you -- do you representation of his testimony, but it's

Page 411 Page 412 1 1 W. VIGILANTE W. VIGILANTE 2 2 also been asked and answered ad nauseam answered, and I object to the form in 3 3 from both the prior dep as well as today. terms of --4 O. Go ahead. 4 O. Go ahead. 5 5 A. Yeah, my testimony is, is that MR. SKLARSKY: -- some of the 6 they would have been aware of the over- or 6 language you put in there. 7 7 under-dispensing of insulin hazard associated A. That's not what I testified to. 8 8 with the blockage of the P-cap vents had they Q. Well, now I'm really confused 9 9 done adequate testing. They would have been then. Can you -- can you please --10 10 (Technical difficulties.) aware of it, that the IFU, the way it was 11 written and the steps in which were required 11 MR. SKLARSKY: This has been 12 to prevent insulin specifically from 12 covered. I think it's really been fully 13 13 contacting the P-cap vents, would not have explored. I don't know how many times you 14 14 been -- were not adequate. can keep going over the same -- same 15 Q. Okay. And when you say "the IFU," 15 ground. 16 you're talking about Medtronic's reservoir 16 MR. SCHULTZ: Oh, boy. 17 17 IFU; correct? MS. MARTINEZ: I'm very -- hello? 18 18 A. Sure. Can you hear me? 19 19 MR. SKLARSKY: Yeah. Q. So just to be clear, your opinion 20 is that in addition to any usability, human 2.0 MR. SCHULTZ: We hear you. 21 21 factors, or risk analysis that Medtronic MS. MARTINEZ: I'm sorry. I --22 22 conducted with respect to the reservoir, the it disconnected again. Never again through 23 23 infusion set and the P-cap as a system, that Skype. I apologize. 24 Unomedical had a duty to conduct its own? 24 Q. Did you an -- were you starting to 25 MR. SKLARSKY: It's been asked and 25 answer my last question, Mr. Vigilante? Page 414 Page 413 1 1 W. VIGILANTE W. VIGILANTE 2 2 MR. SKLARSKY: Well, I had an not going to ask -- because I asked that 3 objection that I had placed on the record. question and he said, no, that was not my 4 4 O. Okay. testimony, and I'm trying to clarify what 5 A. And you never asked a question. 5 is his testimony. 6 6 You made a statement and then said "please." MR. SKLARSKY: About what? 7 7 Q. No. I -- I -- I asked a question. MS. MARTINEZ: About what I just 8 I said is it your testimony that despite any 8 asked, whether Unomedical had an 9 9 risk analysis or human factors analysis or independent duty to conduct a usability 10 usability study that Medtronic conducted, that 10 study, a human factors study, and a risk 11 11 Unomedical had an independent duty to conduct analysis independent of what Medtronic may 12 its own risk analysis and human factors and 12 have done with respect to the reservoir, 13 usability study that involved Medtronic's 13 the infusion set, the P-cap. 14 reservoir and the infusion set. 14 MR. SKLARSKY: All right. He's 15 15 MR. SKLARSKY: He's already -- he's answered it, but I'll allow him to once 16 16 already asked that. Let's go on to another again if he understands the question, to --17 17 question. to respond. 18 MS. MARTINEZ: No, I -- he said --18 A. That wasn't my testimony. 19 19 Q. What is your testimony, sir? MR. SKLARSKY: No, I'm -- no, I'm --2.0 20 (Reporter clarification -A. They had a responsibility to 21 21 simultaneous speaking.) ensure it was done, whether they did it 22 22 MR. SKLARSKY: No. There is a independently or they did it in conjunction or 23 23 limit, okay, and we've reached that at this they relied upon Medtronic. They had a 24 point, so ask another question. 24 responsibility to make sure it was done and 25 25 MS. MARTINEZ: No, I'm not -- I'm that it was done properly.

Page 415 Page 416 1 1 W. VIGILANTE W. VIGILANTE 2 2 Q. Okay. Thank you for that do it in an adequate fashion, they needed to 3 3 clarification. make other arrangements, whether it was doing 4 So if, in fact, Unomedic --4 it themselves or having Medtronic redo it or 5 5 hiring a third party to do it for them. Medtronic conducted a usability study and --6 and a human factors study and a risk analysis, Q. Okay. Thank you. 7 7 as I understand your testimony, Unomedical did Mr. Vigilante, do you know which 8 8 not have a duty to independently conduct any hand is Rachel Dennert's dominant hand? 9 9 of those on its own, but rather, according to A. I don't know that I know that 10 10 your view, had a duty to make sure that what offhand. 11 was done by Medtronic was proper as, you 11 Q. Okay. Would it matter to your 12 12 know -- and by "proper," I mean as you view it analysis whether she -- her dominant hand was 13 properly; correct? 13 her left or her right? 14 MR. SKLARSKY: Well, that -- I 14 A. No. 15 15 object, again, to the characterization MR. SKLARSKY: Once, again, I -- I 16 16 because that's not completely what he said. may be wrong, I thought this was also 17 17 covered in the first day of depositions. Okay. 18 18 MS. MARTINEZ: Not this specific A. So --19 19 question. MR. SKLARSKY: Go ahead. 2.0 A. -- for maybe multiple times, if 20 MR. SKLARSKY: No, I -- it was, but 21 they were going to rely upon Medtronic to do 21 22 it, they needed to make sure that it was done 22 O. So, sir, it would not matter to 23 23 in an adequate fashion. your analysis or your opinions whether 24 Q. Okay. 24 Rachel's dominant hand was her right or her 25 A. And if Medtronic wasn't going to 25 left? Page 418 Page 417 1 W. VIGILANTE 1 W. VIGILANTE 2 2 A. That's correct. Q. I think I may just have one last 3 Q. Let me ask you this: Can -- can question. 4 4 instructions that are proper in your view be Do you have any evidence 5 5 proper instructions even if the warnings given whatsoever that on -- on the day she used the 6 6 are, in your view, not proper? infusion sets -- let -- let me strike that. 7 7 MR. SKLARSKY: Excuse me? Do you have any evidence 8 8 A. Yeah, so you can have instructions whatsoever that when Ms. Dennert filled her 9 9 that are fine that don't have a -- a warning reservoir on the evening before she was found, 10 10 that when she disconnected the transfer guard in them, but if your instructions include a 11 11 warning, then the warning better be adequate, and the reservoir from the insulin vial, that 12 12 otherwise, the instructions are not very good. the insulin vial was anywhere other than 13 13 O. All right. So you're saying that underneath and below the reservoir and the 14 14 you can have instructions that are adequate transfer guard? 15 15 and appropriate in your view, that don't A. Yeah, the only evidence I'm 16 16 necessarily include warnings? relying upon is the fact that she experienced 17 17 A. Yeah, not all instructions have a prime fill anomaly and that's the way it's 18 warnings. Not all instructions need warnings. 18 caused, and we know that there were not

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If you don't need a warning, I wouldn't expect

Q. Okay. In terms of using devices

and how people use devices, would you agree

may not be a convenient way for another user?

with me that what is convenient for one user

them to have a warning.

A. Sure.

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fill anomaly.

adequate instructions and warnings to alert

fashion, and, in fact, many people were doing

reservoir and P-cap vents leading to the prime

her, and that it was natural to do it in that

it in such a fashion, and a direct result of

that is potential contamination of the

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W. VIGILANTE

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- Q. Okay. And I think we covered that. So you do not have any evidence other than what you just said to us of anyone having seen Rachel Dennert fill her reservoir that evening and noticing that when she disconnected the reservoir from the insulin vial, that the reservoir [sic] was any place other than below the transfer guard and the reservoir?
- A. Yeah, I'm not aware of any eyewitness testimony.
- Q. Do you have any testimony from any witness or any other evidence other than what you've already talked to us about that at any time during -- any time that Rachel filled her reservoir that the insulin vial was anywhere other than below the transfer guard and the reservoir when she disconnected the insulin vial from those two items?
- A. Yeah, that was never asked to Rachel's mom, so I don't have that information.
- Q. I'm sorry. Can you repeat that? I didn't hear.

Page 420

W. VIGILANTE

- A. It was never asked to Ms. Dennert's mom, so I don't have that information.
- Q. Do you have any such information from any source that is not necessarily Nancy Dennert's testimony?

MR. SKLARSKY: I'll object to the form. If you understand it, you can try to answer it.

A. No, I mean, we've already been over this a dozen times. The -- the -- she suffered a prime fill anomaly and it's associated with the phenomenon of removing the reservoir from under the insulin vial. Medtronic has shown that people have been doing it. Unomedical/Medtronic have records of -- of this issue happening over time. We've seen the YouTube videos. We've got the letters and the notices stating that this is what happens. So, you know, that's what I'm relying upon, and plus the -- the analysis of Dr. Klimowicz.

Q. So you -- you have -- other than what you just said, you have no direct

Page 421

W. VIGILANTE

evidence or testimony that at any time since Ms. Dennert started using the infusion pump and the infusion set, that when she disconnected the reservoir and the transfer guard from her insulin vial, that the insulin vial was anywhere other than below the transfer guard and the reservoir?

A. Yeah, I'm sorry. The only two people that would know that, would be aware of that are Rachel Dennert, and she doesn't recall, my understanding, and her mom, and her mom wasn't asked that. So that's all I have with respect to eyewitnesses to -- as to what Ms. Dennert did and didn't do prior to her injury.

MS. MARTINEZ: Okay. I'm going to pass the witness for -- for right now, and I may have a couple of follow-up things, but I'll just wait and see. Thank you.

THE WITNESS: You're welcome. **EXAMINATION**

BY MR. SCHULTZ:

Q. I only have one question, Mr. Vigilante, and I can guarantee it hasn't Page 422

W. VIGILANTE

been asked before.

When a manufacturer is conducting a usability study, is there a conventional -well, is there a convention as to how many different users that study should be involved or is there a range?

A. I think the minimum of five is fine and then after you get past maybe 20 you run into expending more resources than -- than information you're getting, so it doesn't become cost effective. So there's nothing wrong with the 10 that were used in the two usability studies as far as numbers go for the usability study that Medtronic done. It was a -- more of an issue with the -- the people they selected for the study.

- Q. Right. I -- I understand that aspect of your opinion. I just want to make sure there's -- in terms of the number, is the number ten is not objectionable?
- A. Yeah, for a study like that I don't -- I don't see the number being an issue.
 - Q. And you're not aware of studies

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Page 423

W. VIGILANTE

Page 424

W. VIGILANTE that used, for example, 100 or 500? You're not saying that's necessary. A. For the type of study they were

with the task or similar tasks, and it's going to have a little bit to do with the person's abilities -- innate abilities, memory, confidence, and so forth. So it's multiple and it's variable, but I've never seen a -- a specific number given.

doing, I don't think it's necessary. MR. SCHULTZ: Okay. That's --

> Q. Okay. Do you have an opinion in this case as to how many times Ms. Dennert would have used and read and relied upon the IFU for the reservoir before she didn't need it anymore and just did it without referring

THE WITNESS: You're welcome. **EXAMINATION**

to or relying upon the IFU? A. According to Mrs. Dennert's mom,

BY MS. MARTINEZ:

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she used them every time that she did the task. She was a relatively new user, so certainly as she became more and more experienced with it, her use of the IFUs would -- would decrease, that's what you would expect.

Q. I've got one more question.

that's all I have. Thank you.

Q. Ms. Dennert had -- we -- we've discussed a number of different sources of information that Ms. Dennert had available to her --

have an opinion based on any studies or other sources as to how many times a user will review or read an IFU for a device before never again reading or relying upon that IFU? MR. SKLARSKY: I'm going to object to the form only because I'm -- the way,

Mr. Vigilante, do you -- do you

(Technical difficulties.)

and you may have cut out a little bit so I may have not heard the whole thing, but I'll see if our witness understands it. A. Yeah, I mean, I don't -- I have

never seen a study that says X. So it's going to be dependent upon the complexity of the tasks, whether or not the person is familiar

Page 425

Page 426

W. VIGILANTE

A. We can't -- we can't hear you. MR. SKLARSKY: We're back to the IT person.

A. All right. We're...

Q. Okay. This will all be over soon. I apologize. Cut out again.

MR. SKLARSKY: Thank God.

Q. So my question was: We've discussed a number of different sources of information that Ms. Dennert had with respect to how to use her insulin pump and specifically how to fill her reservoir and connect her infusion set, including the training she received from the CDE and also any written materials she may have been provided.

Do you have any opinions on which sources of information are more often relied upon by users of devices and then also specifically as to Ms. Dennert?

MR. SKLARSKY: Just note my objection 'cause it's pretty compound. You've put in an awful lot of different aspects of it, but...

W. VIGILANTE

A. So you had some predicates that I can't agree with, but I can tell you that the information and training, as I mentioned earlier in the deposition, needs to be reinforced over time, and warnings and instructions are typically -- are specifically in this case, how they reinforced them over time. So training is good, but if it's not reinforced over time, people have a tendency to forget. That's a limitation of training. And they can -- as they forget, they can regress to previous behaviors or they can regress to different behaviors if they have no prior experience.

So the warnings and instructions are important after the initial training to reinforce and to provide consistent -consistent information so that you know and are doing the task right.

Q. What is your opinion as to how soon after training such information that reinforces the training needs to be provided? Is it within a month? Is it two? Is it three?

	<u>J</u>	.68	
	Page 427		Page 428
1	W. VIGILANTE	1	W. VIGILANTE
2		2	
	A. Well, Medtronic and Unomedical is	3	expedited transcript, please.
3	providing it with with each set of infusion		MS. MARTINEZ: Same here.
4	sets and Paradigm or excuse me, reservoirs.	4	COURT REPORTER: Okay. Do you know
5	So that's a good thing. You're providing them	5	what day you want it by?
6	with the IFU, so every time they go to use the	6	MR. SCHULTZ: As soon as you can get
7	product it's there to reinforce their	7	it to us.
8	training. Every time they get a new set, it's	8	COURT REPORTER: Okay.
9	there again to reinforce the training, whether	9	MS. MARTINEZ: Thank you.
10	it's from the CDU, or the CDE or the online	10	MR. SCHULTZ: I think we can
11		11	
	videos or what have you.		COURT REPORTER: Do you mean Monday
12	MS. MARTINEZ: Okay. All right.	12	by that? Do you mean Monday by that?
13	All right. I don't have any further	13	(Transcript continued on next page
14	questions. Thank you very much.	14	to allow for Jurat.)
15	THE WITNESS: Thank you.	15	
16	MR. SCHULTZ: I have no further	16	
17	questions, Mr. Vigilante. Thank you.	17	
18	THE WITNESS: Thank you.	18	
19		19	
	MR. SKLARSKY: Thanks. Everybody,		
20	have a good have a good weekend.	20	
21	MS. MARTINEZ: Thanks. You too.	21	
22	MR. SCHULTZ: Before we disconnect,	22	
23	Madame Court Reporter	23	
24	COURT REPORTER: Yes.	24	
25	MR. SCHULTZ: we'll take an	25	
	Page 429		Page 430
1		1	W. VIGILANTE
	W. VIGILANTE	2	INDEX
2	MR. SKLARSKY: Wait, wait, wait.	3	WITNESS PAGE
3	MR. SCHULTZ: Monday would be great.	4 5	William J. Vigilante, Jr., Ph.D. BY MR. SCHULTZ 273
4	COURT REPORTER: Same with you?		BY MS. MARTINEZ 358
5	MS. MARTINEZ: Yes.	6	BY MR. SCHULTZ 421 BY MS. MARTINEZ 423
6	COURT REPORTER: Okay.	7	BY MS. MARTINEZ 423
7	MS. MARTINEZ: Thank you.		EXHIBITS
8		8	NUMBER DESCRIPTION PAGE
9	MR. SCHULTZ: Thank you.	9	
	MR. SKLARSKY: All right. So long.	1.0	Exhibit Vigilante-18, multipage document 301
10	Take care.	10	entitled Paradigm 522 and 722 Insulin Pumps User Guide bearing Bates Numbers
11	THE VIDEOGRAPHER: That now	11	MDT000073RD through MDT000332RD
12	concludes this deposition and DVD Number 3.	12	Exhibit Vigilante-19, CDROM entitled 319 Rachel Dennert vs. Medtronic
13	The time is 15:10.	13	Instructional CD-ROM MDT071234RD,
1.4	(Time noted is 3:10 p.m.)	14	Exhibit Vigilante-20, multipage document 323
14		1	entitled Self-Help Storyboard Filling the
15	(Time noted is 3.10 p.m.)	15	
15	(Time noted is 5170 p.m.)	15	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD
15 16	(Time noted is 5170 p.iiii)	15 16	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD
15 16 17			Reservoir and Priming bearing Bates
15 16 17 18	William J. Vigilante, Jr., PhD, CPE	16 17	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD
15 16 17 18	William J. Vigilante, Jr., PhD, CPE	16	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS NUMBER DESCRIPTION PAGE
15 16 17 18		16 17	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS
15 16 17 18	William J. Vigilante, Jr., PhD, CPE	16 17 18	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS NUMBER DESCRIPTION PAGE Exhibit Vigilante-11, letter dated June 282 16, 2016 addressed to Kevin Haverty, Esq. Exhibit Vigilante-10, Report of William 289
15 16 17 18 19 20	William J. Vigilante, Jr., PhD, CPE Subscribed and sworn to before me thisday	16 17 18	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS NUMBER DESCRIPTION PAGE Exhibit Vigilante-11, letter dated June 282 16, 2016 addressed to Kevin Haverty, Esq. Exhibit Vigilante-10, Report of William 289 J. Vigilante, Jr., PhD, CPE dated April
15 16 17 18 19 20 21	William J. Vigilante, Jr., PhD, CPE Subscribed and sworn to	16 17 18 19 20	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS NUMBER DESCRIPTION PAGE Exhibit Vigilante-11, letter dated June 282 16, 2016 addressed to Kevin Haverty, Esq. Exhibit Vigilante-10, Report of William 289 J. Vigilante, Jr., PhD, CPE dated April 19, 2016 Exhibit Vigilante-17, document entitled 324
15 16 17 18 19 20 21	William J. Vigilante, Jr., PhD, CPE Subscribed and sworn to before me thisday	16 17 18 19 20 21 22	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS NUMBER DESCRIPTION PAGE Exhibit Vigilante-11, letter dated June 282 16, 2016 addressed to Kevin Haverty, Esq. Exhibit Vigilante-10, Report of William 289 J. Vigilante, Jr., PhD, CPE dated April 19, 2016 Exhibit Vigilante-17, document entitled 324 Medtronic MiniMed Paradigm Reservoir Rx
15 16 17 18 19 20 21 22 23	William J. Vigilante, Jr., PhD, CPE Subscribed and sworn to before me thisday	16 17 18 19 20	Reservoir and Priming bearing Bates Numbers MDT071290RD through MDT071322RD PREVIOUSLY MARKED EXHIBITS NUMBER DESCRIPTION PAGE Exhibit Vigilante-11, letter dated June 282 16, 2016 addressed to Kevin Haverty, Esq. Exhibit Vigilante-10, Report of William 289 J. Vigilante, Jr., PhD, CPE dated April 19, 2016 Exhibit Vigilante-17, document entitled 324

Page 431	Page 432
CERTIFICATE COMMONWEALTH OF PENNSYLVANIA) (1) (2) (3) (3) (4) (5) (5) (6) (1) (7) (7) (8) (8) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1	Case Name: Deposition Date: Deponent:

		1	1	1
A	356:25 357:3	ambiguous (2)	425:7	assemble (1)
a.m (4)	371:25 376:20,24	306:10 340:15	apparently (1)	375:13
270:16 277:12,13	376:25 384:5 386:8	analysis (28)	384:18	assembly (1)
334:24	387:8,16,19,21	274:21 275:3 290:15	APPEARANCES (1)	369:24
A/S (2)	388:18 391:9	298:2 309:3 341:23	272:1	assess (1)
270:11 272:17	408:12 409:4,5	368:17 391:3,4,12	appeared (4)	337:23
abilities (2)	411:9,14 415:23	391:22 392:2,18,20	361:2,2,3,11	assessed (2)
	416:2 417:11,14	393:12 402:24	append (1)	276:16 284:5
424:4,4	418:19	407:15 408:2,13	370:25	assessment (5)
ability (1) 431:13	adequately (2)	411:21 413:9,9,12	appendix (2)	280:19 281:23 343:6
	348:2 388:24	414:11 415:6	350:7,12	406:7,23
able (1) 332:5	advertisements (1)	416:12,23 420:22	appreciate (2)	associated (18)
	354:21	analyze (1)	315:13 316:18	290:18 294:21,22
absence (4)	advisory (1)	305:13	appreciated (1)	296:25 297:13
339:9,20 340:11	337:3	and/or (1)	316:8	299:5 311:2 314:19
344:7	agree (22)	380:23	appropriate (4)	317:9,17 349:2
absolutely (2)	279:23,25 288:3,3	animation (2)	280:17 310:5 311:15	388:15,16 395:7
289:2 400:22	295:7 298:4 304:12	321:3,4	417:15	404:8 410:12 411:7
accepted (1)	304:21 305:3	anomalies (1)	approvals (1)	420:14
318:25	308:18 326:25	297:18	410:11	assume (4)
accompanied (4)	327:11,16 337:18	anomaly (28)	Approved (2)	307:12 367:15 381:20
321:25 328:21 336:22	339:5,15 340:10,21	290:18 292:15 297:2	271:14 431:7	382:11
378:9	353:11 390:2	333:16 346:9	approximately (2)	assuming (6)
acknowledged (2)	417:22 426:3	348:13 349:9	295:17 369:22	274:9 296:4,16 310:4
312:4 375:7	agreed (1)	371:22 372:4	April (3)	311:18 387:22
acquire (1)	400:20	376:15 377:16	289:16 336:17 430:20	assumptions (1)
353:4	ahead (10)	378:13 388:3 389:3	area (1)	287:10
acronym (1)	281:19 298:9 306:3	389:7 390:10,16	344:16	Atlanta (1)
312:18	318:19 376:10	396:11,15,24 397:2		272:16
action (3)	407:20 411:4 412:4	397:7,14,20,21	argue (1) 286:21	
270:7 361:4 431:15	415:19 416:21	418:17,25 420:13		attach (1) 390:24
actions (1)	air (3)		arguing (1)	
279:6	278:14 358:21,22	answer (24)	286:18	attached (1)
actively (1)		280:12 281:15 285:16	arrangements (1)	363:23
328:25	Alan (2)	288:4 289:5 296:12	416:3	attaching (1)
actors (1)	272:2 301:11	308:25 311:11	artful (1)	371:19
320:25	alert (11)	316:11 340:2	353:24	attempts (1)
actual (3)	288:22,24 292:7	345:18 357:4	articles (1)	280:14
325:11,21 328:21	294:24 297:6 341:2	359:21,25 371:2	352:21	attention (4)
ad (1)	348:8,20 384:8	385:24,25 386:4,7	aside (1)	282:15 294:23 358:17
411:2	386:11 418:19	397:18 401:2 406:2	279:24	376:17
addition (1)	alerted (1)	412:25 420:10	asked (16)	Attorneys (3)
411:20	309:10	answered (5)	281:16 317:20 344:12	272:4,10,17
additional (3)	alerts (2)	291:24 357:14 411:2	381:12 398:14	attribute (2)
273:25 322:21 329:9	363:19 366:5	412:2 414:15	411:2,25 413:5,7,16	277:25 278:7
address (1)	ALFE (1)	answers (2)	414:2,8 419:21	August (6)
376:14	272:21	400:6,8	420:2 421:13 422:2	295:18 298:6 307:22
addressed (2)	alive (1)	anybody (1)	asking (12)	331:2 335:19
282:9 430:19	320:25	336:8	280:11 281:15 291:18	340:10
adequacy (1)	Alliance (1)	anymore (2)	293:21 305:13	avail (1)
357:8	272:15	350:13 424:12	312:8 329:12	393:25
adequate (38)	allow (3)	apart (1)	344:24 352:12,13	availability (1)
279:12 281:2 290:4	341:2 414:15 428:14	383:23	355:12 380:11	394:2
291:11 292:6 295:9	allowed (1)	apologies (2)	aspect (3)	available (3)
309:4 311:15,20	293:12	393:6 394:10	283:22 376:8 422:19	350:12 382:13 424:23
316:15 319:9	allowing (1)	apologize (4)	aspects (1)	avoid (8)
337:18,24 354:4	287:9	374:6 389:12 412:23	425:25	295:2 312:2 346:14
337.10,27 337.7				

346:25 348:21,22	349:9,21	348:24 349:6	359:2 360:11,13	294:13 296:2,3
384:9 386:12	beginning (4)	bodies (1)	361:13 395:11	314:17 328:4
aware (46)	305:15 353:20 379:23	354:10	429:10	383:10 394:14
276:9 277:16 278:25	404:2	body (4)	caregiver (1)	certainly (8)
282:23 307:6,20	behavior (1)	349:12,13 371:25	311:23	285:20 304:17 309:16
314:13,16 316:25	362:7	405:25	carried (1)	354:2,6 390:5 394:3
317:2,21,25 318:2	behaviors (2)	bothered (1)	275:23	424:17
318:10,22 321:6	426:13,14	299:3	case (19)	CERTIFICATE (1)
334:10 338:5 341:7	belief (2)	bottle (1)	273:25 281:10,14	431:2
342:23 350:10,14	278:2 285:4	317:11	288:4,23 332:11	Certified (20)
352:20,24 363:13	believe (15)	bottom (7)	343:7 346:4 347:24	271:11,12,13,16
369:8,17,21 391:19	276:2 289:12 300:19	279:20 311:3 358:24	351:14 369:4 376:9	312:5,20,22 313:19
392:2,22,25 393:9	310:4 317:17	359:10 367:4,11	387:24 398:2	315:2,8,15 316:20
393:14,15 395:25	336:13 350:4 358:2	368:4	399:18 410:10	316:24 317:7,24
396:12,13,17 401:4	374:15 375:9	boy (1)	424:9 426:8 432:2	318:3 331:21 431:6
406:20 411:6,10	378:15 380:20	412:16	cases (1)	431:7,8
419:11 421:10	397:18 401:12	brain (1)	368:4	certify (2)
422:25	410:17	317:17	catastrophic (4)	431:10,15
awful (2)	believed (1)	break (8)	286:12 287:13 288:21	cetera (1)
308:6 425:24	366:18	332:14 334:14,18	288:21	348:17
	believes (1)	335:9 344:6 385:3	catch (1)	change (10)
B	315:18	400:21 402:2	349:14	283:23 288:25 289:2
B (1)	beneath (5)	briefly (1)	causal (1)	311:8 333:12,22,25
430:7	288:7 291:4 296:17	274:19	344:6	334:4 349:7,20
back (23)	304:16,25	bringing (1)	causally (4)	changed (7)
274:19 277:14 283:5	bent (1)	383:17	308:21 339:10,21	274:10 275:13 282:21
293:23 297:19	347:17	broader (1)	340:12	282:24 295:16
299:21 308:6,11	Berezofsky (3)	400:8	causation (2)	349:23 401:22
324:19 335:2,14	270:14 271:8 272:2	broke (1)	291:10,10	changeover (1)
339:12 342:14	best (3)	402:14	cause (7)	333:18
343:25 348:17	343:9 377:12 431:13	bubbles (2)	312:12 353:20 380:24	changes (1)
358:23 359:8 363:7	better (4)	358:21,22	399:15 400:21	329:6
385:10 390:19	304:17 340:14 343:24	bulk (1)	407:5 425:23	changing (2)
396:21 402:10	417:11	311:5	caused (7)	333:2 344:5
425:3	beyond (1)		290:8,12,20 291:22	characterization (1)
background (1)	400:19	<u> </u>	292:15 397:22	415:15
354:23	big (2)	call (1)	418:18	check (7)
based (16)	303:11 306:17	294:23	causing (1)	301:2 344:4 347:23
278:10 280:19 281:20		called (2)	345:24 CCD (2)	348:23 349:5,11,22
283:19 284:12 297:22 330:7	299:21 344:19 349:7 423:19 424:3	297:9 343:23	CCR (2) 270:24 431:21	checking (2) 301:18 358:21
332:10 341:22	423:19 424:3 block (3)	calling (1) 329:7	CD (4)	Cherry (1)
361:16,21 362:7	397:3,15,19	calls (4)	320:13 321:14,25	272:4
368:14 392:6	blockage (9)	396:11,22,22,23	322:12	child (14)
401:11 423:13	290:18 292:16 293:14	camera (1)	CD-ROM (2)	358:19,23,24 359:6,9
basically (2)	397:17,22 399:5,9	366:7	319:23 430:13	359:9,22 360:2,5,7
361:12 402:16	408:21 411:8	cannula (4)	CDE (2)	360:13 361:16
basis (3)	blocked (3)	347:16,18 371:20	425:15 427:10	362:11 363:11
283:2 392:10 403:11	291:2 345:23 346:10	405:25	CDROM (4)	child's (1)
Bates (4)	blocking (1)	cap (1)	319:20,21 320:4	361:7
302:2 323:24 430:10	400:15	292:16	430:12	choices (2)
430:15	blood (9)	capacity (4)	CDU (1)	395:12,21
bearing (4)	344:4 345:24 346:6	407:3,6,11,12	427:10	choosing (1)
302:2 323:23 430:10	346:14,25 347:24	Captioner (2)	Center (3)	354:23
430:15	349:6,22 431:15	271:13 431:7	272:3,8,15	circuit (1)
bed (2)	blood-glucose (2)	care (6)	certain (7)	410:4
L				

	1	1	1	1
circumstance (1)	286:25 305:4	conjunction (2)	342:2,17,24 343:5	304:3 306:11,19
345:21	communicating (1)	386:19 414:22	348:17 399:20	310:17 312:15
circumstances (1)	288:5	connect (5)	400:13 401:18	325:12 326:22
354:2	communication (2)	314:7,9 332:6 382:16	contaminants (3)	327:3,22 328:8
Civil (1)	309:24 328:14	425:14	299:6 400:9 401:5	330:8 332:17,20,21
270:7	companies (2)	connected (4)	contaminate (1)	334:4,9 335:13,20
clarification (6)	377:20,22	278:13 330:16,25	408:19	335:24 336:20,23
292:21 305:24 327:8	company (1)	331:2	contaminating (2)	338:14 339:3
352:5 413:20 415:3	407:10	CONNECTICUT (1)	279:20 291:16	342:18 343:2 350:8
clarified (1)	competently (1)	270:2	contamination (2)	350:17,22 351:5
274:16	403:24	connecting (11)	311:2 418:23	354:5 356:3,5
		292:13 297:15 303:15	contemplating (1)	357:10 359:10,23
clarify (1) 414:4	complete (1) 354:3		410:15	360:4 361:8,9
		310:20 314:21 354:9 371:24	content (13)	363:15 365:24
clean (1)	completely (3)			367:5,14 368:21
338:19	316:7 369:2 415:16	372:25 373:9 382:8	296:18 310:5,16	1
clear (17)	complexity (1)	405:21	311:13,18 313:11	369:11 372:9
280:5,25 282:17	423:24	connection (10)	323:8,10,12,14	374:11,15 375:8,9
283:13 286:16	complies (1)	313:16 344:6 373:6	326:11 337:2	375:15 378:3 388:2
297:9 304:14,23,25	289:22	378:20 379:3 383:5	356:16	389:3,23 390:6
306:13 313:8	compound (2)	402:25 404:22	context (1)	394:4 395:3 399:8
352:11 354:3	296:11 425:23	406:7,17	305:14	404:21,23 405:18
368:18 409:13	comprised (1)	connector (12)	continue (2)	408:6,8 409:10,21
410:14 411:19	386:21	310:22 338:19 340:24	273:6 358:16	410:22 411:17
clearly (1)	comprises (1)	375:13 379:4 396:3	continued (3)	415:13 417:2
305:3	350:7	399:5,10 400:14	270:19 271:6 428:13	corrected (1)
Clinical (1)	computer (1)	401:13 408:14,21	continuing (2)	274:15
278:23	320:23	connects (1)	273:3 312:17	correctly (9)
closely (1)	concede (1)	388:12	contrary (2)	291:14 314:12 344:18
394:22	356:19	consequence (3)	329:11 356:22	365:6 368:20
combination (2)	concept (2)	346:14 348:14,14	control (1)	389:13 404:6,16
304:13,22	343:22 344:22	consequences (7)	374:6	406:24
come (7)	concludes (3)	286:12 287:14 305:19	convenient (2)	cost (1)
274:7 293:23 299:21	334:22 402:6 429:12	309:18 348:2,11,12	417:23,24	422:12
319:17 329:21	conclusion (2)	consider (1)	convention (1)	counsel (1) 289:23
347:5 395:21	298:20 361:13	410:2	422:5	counterclockwise (1)
comes (1)	conduct (8)	consideration (4)	conventional (1)	
315:17	393:11 402:17 403:6	359:18 360:21 361:23	422:4	304:8
comfortable (2)	408:25 411:24	362:5	convey (4)	COUNTY (1)
321:24 368:15	413:11 414:9 415:8	consistent (3)	364:17 367:17,23,25	431:5
coming (2)	conducted (9)	333:3 426:18,19	conveying (1)	couple (5)
273:24 390:23	402:22 403:3 405:16	contact (1)	365:10	308:4 335:7 354:20
commanding (1)	405:19 406:3,15	384:24	copy (9)	395:12 421:19
285:11	411:22 413:10	contacting (1)	300:20 302:14,16,22	course (1)
commences (2)	415:5	411:13	302:24 306:24	328:22
335:3 402:11	conducting (1)	contain (1)	320:6 380:12,22	court (35)
commerce (2)	422:3	328:7	corporate (4)	270:2 271:15,16
372:18 403:15	conference (1)	contained (3)	272:3 389:9 396:14	282:3,12 289:11,18
COMMISSION (1)	293:6	300:2 337:2 378:17	407:12	300:6,25 301:15,18
432:25	confidence (1)	containing (1)	corporation (1)	302:6 319:18,25 323:18 324:4,5,20
common (3)	424:5	338:17	396:8	
351:15 352:4,9	confused (3)	contains (1)	correct (82)	325:4 339:14
Commonwealth (3)	405:4,6 412:8	338:22	274:9,12 276:6	343:16 362:19
271:18 431:3,9	confusing (1)	contaminant (18)	277:23 283:4,15	373:17 385:13,17
communicated (2)	296:11	292:12 293:15,18	284:20 285:2 294:2	386:6 427:23,24
282:18 288:18	confusion (1)	297:14 340:22	294:19 295:5	428:4,8,11 429:4,6
communicates (2)	339:25	341:4,18,18,22,24	302:12 303:16	431:7,8
	I	I	I	I

Page 4

4		1	l	
cover (1)	damage (1)	294:3,4 345:20 346:3	423:24	373:13 374:10,17
378:19	317:17	defined (1)	depends (6)	375:22 388:9 404:2
covered (5)	damages (1)	389:25	279:15 280:7 349:25	405:2,3,7,9
383:24 398:19 412:12	288:22	degrees (1)	398:13 409:22,24	designed (3)
416:17 419:2	danger (1)	348:19	depict (2)	375:2 405:2,5
covering (1)	294:12	deliber (1)	284:24 320:20	designee (1)
399:25	dangerous (3)	362:4	depicted (16)	389:9
CPE (9)	290:6,8 395:19	deliberate (1)	275:19,21 278:3	designs (1)
270:19,24 271:7	date (4)	336:4	279:9 280:2,9 285:7	378:2
273:13 289:15	273:10 335:4 385:11	deliberation (1)	286:9,11 298:12	despite (1)
429:18 430:20	432:3	362:4	329:2,10 332:8	413:8
431:11,21	dated (5)	deliberia (1)	340:18 353:12	detach (1)
CRC (2)	282:6,8 289:15	362:4	365:8	314:8
270:24 431:21	430:18,20	delivery (2)	depiction (2)	detached (1)
created (2)	dates (1)	347:3 399:4	275:23 285:5	280:24
399:6 408:20	338:15	Dennert (83)	depicts (4)	detaching (1)
creation (1)	Dave (10)	270:4 272:4 275:9,16	285:8,19 326:21	297:5
394:21	281:7 291:23 300:10		358:19	detail (2)
		275:24 284:9		
criticism (6)	300:12,12,14	286:18 290:16,25	Deponent (2)	313:5 334:8
326:20 329:7,9	325:23,25 334:15	292:7 295:16	432:4,21	details (2)
371:14 372:12	334:17	296:16 298:6,16,23	deposed (2)	313:15 334:3
376:18	David (2)	300:22 302:16	407:2,10	determine (6)
criticisms (19)	272:7 273:18	307:6 308:15,17,19	deposited (1)	353:4 354:8 369:2
275:2 327:18,23	day (10)	312:6,23 313:3,10	328:5	391:20 404:10
328:13 370:19,21	399:22 400:16 401:7	313:10,20 314:4	deposition (35)	407:24
370:24 372:6	401:20 416:17	315:3,7,13 316:7	270:19 271:6 273:3	determined (2)
375:24 376:3,4	418:5 428:5 429:21	317:3,8,12,21,22,22	273:24 274:2,5	293:11 360:12
377:9,13 378:5	431:18 432:23	318:4,13,21 319:22	278:11 283:3,8,25	determining (5)
382:4,18,25 397:24	de (2)	320:8 321:11,18,20	287:24 289:13	404:2,3,4,6,7
398:21	270:11 272:17	322:22 324:16	298:14 300:17,18	developed (5)
criticize (1)	dealing (1)	330:5,8,13,20,22,23	300:21,23 301:6	280:13 372:17 390:18
382:22	349:17	331:19,25 332:16	305:16,16 325:14	390:21,22
criticizing (1)	Debra (4)	332:19 333:11,14	329:25 331:8	developer (1)
377:10	270:24 271:10 431:6	333:20 335:14,17	342:23 368:6 372:8	353:2
critiques (1)	431:21	335:23 339:7,17	379:25 392:15	development (2)
325:7	decided (2)	340:7 371:6 374:22	398:6 410:6 426:5	277:19 353:8
CRR (2)	355:3 372:24	380:17 381:21	429:12 431:11,12	deviation (1)
270:24 431:21	decision (3)	382:12 418:8 419:5	432:3	355:14
Cuker (3)	291:5 336:4 359:18	421:3,11,15 424:9	depositions (1)	device (3)
270:14 271:8 272:2	decrease (1)	424:21,23 425:11	416:17	393:23 402:21 423:15
current (1)	424:19	425:21 430:12	deprived (1)	devices (9)
284:18	dedicated (1)	Dennert's (23)	291:12	270:10 272:17 279:8
customs (1)	353:3	279:8 280:2 283:10	deps (1)	280:2 282:20
393:10	default (1)	284:23 290:8,13	384:17	284:23 417:21,22
	, .	302:12,25 317:15	describe (1)	425:20
cut (3)	317:5	325:12 335:11	403:19	
393:2 423:19 425:7	defective (2)	341:19 342:25		Diabeetic (1)
cuts (1)	290:7 395:19		described (2)	312:20
374:5	Defendant (2)	370:8 390:5 399:21	284:3,4	Diabetes (18)
CV (2)	272:10,17	400:14 401:6,19	describing (2)	270:8,10 272:11,11
270:11 272:17	Defendants (1)	416:8 420:3,7	281:9,12	312:5,22 313:19
	270:12	424:14	description (7)	314:3 315:2,8,15
D	deficiencies (1)	dep (1)	276:4 278:11 304:13	316:20,25 317:8,13
D (1)	296:7	411:3	315:18 320:9 430:8	317:24 318:3
430:2	deficient (2)	Department (1)	430:17	331:21
d/b/a (2)	275:6 328:16	278:23	design (13)	Diabetic (1)
270:8 272:10	define (4)	dependent (1)	274:22 351:23 369:9	312:20

die (1) 276:8,18 381:2 307:24 308:2 educators (2) 432:1 287:21 discrepancy (2) doubtful (1) 299:4 311:24 error (1) 306:21 307:2 316:7 effect (1) 396:18 294:8 407:9 discussed (5) dozen (1) 381:7 errors (2) different (24) 298:14 306:8 313:4 420:12 effective (5) 404:6,8 275:8,18 283:11 424:22 425:10 Dr (8) 319:3,8 345:15 Esq (2) 293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430 337:16 347:4 348:7 313:14 341:23 343:6 efficient (1) ESQUIRE	:10
287:21 discrepancy (2) doubtful (1) 299:4 311:24 error (1) difference (2) 306:21 307:2 316:7 effect (1) 396:18 294:8 407:9 discussed (5) dozen (1) 381:7 errors (2) different (24) 298:14 306:8 313:4 420:12 effective (5) 404:6,8 275:8,18 283:11 424:22 425:10 Dr (8) 319:3,8 345:15 Esq (2) 293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430	·10
difference (2) 306:21 307:2 316:7 effect (1) 396:18 294:8 407:9 discussed (5) dozen (1) 381:7 errors (2) different (24) 298:14 306:8 313:4 420:12 effective (5) 404:6,8 275:8,18 283:11 424:22 425:10 Dr (8) 319:3,8 345:15 Esq (2) 293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430	·10
294:8 407:9 discussed (5) dozen (1) 381:7 errors (2) different (24) 298:14 306:8 313:4 420:12 effective (5) 404:6,8 275:8,18 283:11 424:22 425:10 Dr (8) 319:3,8 345:15 Esq (2) 293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430	·10
different (24) 298:14 306:8 313:4 420:12 effective (5) 404:6,8 275:8,18 283:11 424:22 425:10 Dr (8) 319:3,8 345:15 Esq (2) 293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430	·10
275:8,18 283:11 424:22 425:10 Dr (8) 319:3,8 345:15 Esq (2) 293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430	·10
293:22,23 300:17 discussion (1) 292:14 293:11 333:17 404:13 422:12 282:10 430	.10
	• 10
337:16 347:4 348:7 313:14 341:23 343:6 efficient (1) ESOUIRE	
	(3)
348:19 349:18,18 disk (1) 400:18 410:12 368:15 272:2,7,14	/= \
355:15 362:5,6 323:15 420:23 either (17) essentially	
377:21 394:18 displays (1) drafted (1) 286:13,21,23 287:9 336:25 337	:6 340:18
400:11 401:15 326:25 336:12 287:15 288:2 et (1)	
422:6 424:22 disregarded (1) Drive (1) 298:25 307:23 348:17	
425:10,24 426:14 367:19 272:3 315:5 334:8 336:10 evaluate (2)
differently (2) dist (1) dropping (1) 340:22 343:15 378:8,25	
298:23,24 407:9 405:22 346:25 398:5 401:7 evaluated (
difficulties (6) distinguish (3) dry (2) 401:19 376:8 378:	
277:2 384:14 393:4 293:25 327:6,13 338:20 344:8 elaborate (1) evaluation	
394:9 412:10 District (6) due (3) 280:10 352:16 409	
424:25 270:2,2 271:14,15 290:17 293:13 346:15 eleven (2) evening (4)	
diluent (1) 431:7,8 duly (1) 295:18 333:17 335:19 401	:8 418:9
316:4 Division (2) 431:12 employee (1) 419:6	
Diplomat (2) 270:8 272:11 dumped (2) 407:10 event (1)	
271:11 431:6 doc (1) 349:11,13 employees (1) 291:10	
direct (7) 289:9 duty (7) 278:22 eventually	
298:5 308:14 309:13 doctor (3) 387:12 403:6 411:24 encountered (1) 275:8 370::	
317:11,14 418:22 282:14 299:2,3 413:11 414:9 415:8 354:2 Everybody	(1)
420:25 doctors (2) 415:10 ends (1) 427:19	
directed (2) 309:21 337:3 DVD (5) 306:25 evidence (4	
345:5 372:8 document (14) 334:22 335:3 402:6 engagement (1) 295:15,22 2	
directing (2) 281:11 301:25 306:18 402:11 429:12 351:13 296:15,19	
282:14 285:12 310:2 323:22 Dwayne (1) engineer (1) 298:11,19	
direction (1) 324:23 325:8 300:25 353:7 307:13,19	
	14:2 315:6
directions (1) 391:16 393:20 E 393:24 317:11 33	
331:10 430:9,14,22 E (2) ensure (9) 331:18,25	
directs (1) documented (1) 430:2,7 292:11 297:11 347:12 332:11 34	
379:9 368:11 earlier (6) 359:2 387:16,19 342:23 34	
discipline (1) documents (2) 312:3 362:22 363:10 388:18,23 414:21 395:24 39	
343:23 281:13 284:20 376:12 399:20 ensured (7) 400:12 40	
	5 419:3,14
339:8,19 427:22 279:2 288:8 291:6 easiest (2) 388:5 390:14 391:9 421:2	
disconnected (8) 294:12,12,21,23 293:19 395:21 406:21 exact (3)	
361:19 393:8 394:11 296:23,25 297:21 East (1) ensuring (1) 302:16 326	
412:22 418:10 314:11,19 332:8 272:3 295:3 exactly (22	
419:7,19 421:5 333:4,25 351:8 Eastern (2) entire (2) 286:9,10,14	
disconnecting (4) 368:12,13,20 271:15 431:8 353:3 373:5 287:12,13	
363:21 366:8 367:20 382:19 391:3 education (6) entirely (1) 297:21 29	
396:4 406:24 416:3 309:8,8,15 314:14 378:2 305:18,20	
disconnection (3) 418:21 420:17 316:25 321:16 entitled (8) 317:16 32	
364:5,23 410:21	
discover (1) dominant (3) 312:5,20,22 313:20 324:24 430:10,12 368:20 38	
410:16 416:8,12,24 314:3 315:2,9,15 430:14,22 384:2 388	
discovered (1) dosage (1) 316:21,25 317:8,13 ergonomics (1) EXAMINA	, ,
297:3 389:19 317:24 318:3 352:22 273:15 358	:9 421:22
discovery (3) doubt (2) 331:21 ERRATA (1) 423:9	

examined (1)	explain (7)	361:6	320:16 323:19,23	278:25 279:17 286:6
273:14	285:17 287:23 290:12	Falls (1)	324:12 350:22	297:7 329:14
example (7)	291:19 298:16	272:3	363:14 373:8 382:6	follow (12)
295:3 322:21 344:2,4	377:5 386:16	familiar (1)	396:6,19 399:13	286:14,14,22 288:19
		423:25	430:14	
347:14 349:5 423:2	explaining (1)			331:22 332:2,19,23
Exclude (1)	376:11	family (1)	fills (1)	336:4 347:6 358:8
401:9	explicit (1)	374:24	358:19	399:12
excuse (9)	345:16	famished (1)	finally (1)	follow-up (2)
273:9 284:2 311:3	explored (1)	400:22	314:13	386:16 421:19
335:10 350:6 387:8	412:13	far (3)	find (4)	followed (10)
397:10 417:7 427:4	exploring (1)	302:12 385:22 422:14	354:18 368:8,9 409:2	288:16,17 295:4
exemplar (3)	402:18	Fargo (1)	finding (2)	317:23 330:23
302:17 371:3 380:17	exposed (1)	272:8	402:15 408:11	331:10 339:7,18
exhaustively (1)	350:24	fashion (5)	findings (1)	340:8 369:2
400:3	express (1)	352:23 415:23 416:2	398:23	following (5)
exhibit (36)	377:12	418:21,22	fine (8)	294:15,15 339:13
282:4,8,16 289:13,14	expressed (1)	FDA (17)	285:23,25 383:6	385:16 386:5
289:21 300:7,16,21	372:7	369:16 391:13 392:5	387:19 389:14,16	follows (2)
301:7,24 302:10	eyewitness (1)	392:25 393:9,13,14	417:9 422:9	273:14 307:12
319:19,21 320:3	419:12	393:17,21,22 394:3	finish (2)	forced (1)
321:7,19 322:15	eyewitnesses (1)	394:4 407:18	274:19 292:23	394:17
323:18,21 324:6,8	421:14	409:10,20 410:2,9	finished (2)	forget (4)
324:22,23 325:10		feasibility (1)	369:24 386:2	308:5 319:13 426:11
326:4,20 350:4	F	403:7	fir (1)	426:12
379:20 380:2 430:9	fact (18)	Federal (1)	345:25	forgot (3)
430:12,14,18,20,22	278:9 288:23,24	394:2	firm (1)	335:17,23 336:2
exhibits (3)	298:11 307:25	felt (1)	273:18	form (17)
283:25 284:13 430:16	312:15 315:23	274:15	first (18)	296:10 298:9 299:10
exist (2)	329:5 330:9 340:7	field (3)	274:2 279:15 282:19	308:24 318:19
276:20 350:12	342:16 346:9	318:24 353:7,12	289:10 293:24	322:7 353:19 397:9
expect (9)	360:22 361:16	figuratively (1)	310:14 316:2 325:9	398:4 407:5,20
297:21 309:18 310:3	407:14 415:4	288:17	326:20 333:11	409:12,17 410:24
317:18 342:9 362:5	418:16,21	figure (4)	336:16 346:2 356:9	412:2 420:9 423:18
368:14 417:19	factors (33)	287:5 315:24,25	365:14,24 389:6	forth (4)
424:20	274:21 275:3 282:25	364:6	410:6 416:17	279:6 398:14 424:5
expected (5)		file (2)	five (3)	431:12
408:23,24 409:2,3	352:21 391:4,19,21 392:22 393:12,24	274:6 320:23	385:5 400:23 422:8	forward (1)
410:16				275:23
	402:18,21 403:7,20	fill (30)	flip (5) 328:22,24 363:20	
expedited (1) 428:2	403:24 405:17	292:15 297:2,18	-	found (2)
	406:4,11,16,20	314:8 333:16 336:8	366:7,17	401:21 418:9
expending (1)	407:16,23,25	339:8,19 346:9	flipped (4)	four (2)
422:10	408:13,23 409:4,6	348:12 349:9	297:12 329:3,5	349:15 368:22
experience (4)	410:18 411:21	371:21 372:4	366:16	fourth (1)
345:3 353:25 362:8	413:9,12 414:10	376:15 377:16	flipping (3)	289:25
426:15	415:6	378:12 388:3 389:3	288:20 328:25 366:24	frame (5)
experienced (5)	facts (1)	389:7 390:10,16	flow (1)	370:5 375:16 390:3
290:16,25 316:6	298:19	397:7,14,20,21	293:12	390:19 400:20
418:16 424:18	failed (3)	418:17,25 419:5	fluid (2)	frankly (1)
expert (5)	292:6,10 376:25	420:13 425:13	279:18 291:15	326:10
409:9,10,20 410:2,9	failure (8)	filled (6)	focus (1)	front (1)
expertise (2)	290:3,4 291:11	295:20 330:25 332:7	376:17	379:18
318:24 344:16	308:20 332:10	335:18 418:8	focussed (1)	frozen (3)
experts (1)	345:4,6 402:17	419:16	291:9	362:16,19,20
351:16	fair (6)	filling (17)	focussing (1)	full (2)
EXPIRES (1)	275:10 284:16 287:6	275:12 297:23 303:14	378:4	289:25 364:12
432:25	295:10 322:13	303:18 307:21	folks (5)	fully (1)
				[

412:12	274:18 277:8 281:19	groung (1)	hands-on (1)	340:17 341:12
		groups (1)	319:2	
further (4)	297:10 298:9	353:8		342:8 359:3 363:5
358:6 427:13,16	302:19 306:3	guarantee (2)	Hang (1)	365:17 368:23
431:15	308:11 318:19	367:12 421:25	336:18	385:8 402:8
fuzzy (1)	324:18 328:3 349:9	guard (48)	happen (6)	hello (1)
332:4	355:4 362:23,24	278:5,14,17 288:7	291:22 312:15 325:17	412:17
	373:22 376:10	297:24 304:7,9,24	328:4 349:14 354:6	help (1)
G	407:20 408:11	327:2,15,21 333:8	happened (4)	323:19
gather (3)	411:4 412:4 413:16	339:9,20 340:16	295:23 312:10 362:21	hereinbefore (1)
351:18,20 400:2	415:19 416:21	341:13 342:7,8	362:22	431:11
gears (1)	422:14 427:6	356:21 358:25	happening (1)	hereunto (1)
299:20	God (2)	359:11,23 360:3,15	420:18	431:17
gen (1)	393:2 425:8	361:15,18 363:22	happens (1)	Hey (1)
343:24	going (50)	364:4,22,25 365:13	420:21	395:6
general (3)	276:13 277:10 297:19	365:17,24 366:9,11	happy (2)	Hi (1)
343:24 344:23 348:23	308:5,9 312:12	366:20 367:5,21	302:19 370:13	358:11
generally (2)	316:3,13,16,17	368:25 369:6 396:4	hard (2)	high (2)
345:5 352:12	317:19 320:4 331:3	410:21 418:10,14	327:6,13	346:14,25
Georgia (1)	334:21 344:9,11,13	419:9,18 421:6,8	Haverty (6)	highlighted (1)
272:16	346:20 349:21	guess (3)	274:8 282:9 325:15	329:2
GERARD (1)	367:6 371:10	292:20 326:14 356:4	325:18 326:8	highly (3)
272:21	372:24 378:6,22	guidance (3)	430:19	307:24 316:6,24
getting (11)	379:13 380:24	393:22 394:4,6	hazard (38)	Hill (1)
279:19 287:25 291:15	383:9 384:6 386:9	guide (25)	294:24,25 297:13	272:4
292:8 297:14 299:6	387:2,5 390:25	300:2,8 302:2,11,22	298:25 299:5 300:4	HINE (1)
341:19 347:25	395:11,13,16 398:3	303:5,6,14 306:16	310:25 311:25	272:14
389:18 394:11	400:20,23 402:5	306:23 307:7,10	314:18 315:13	hiring (1)
422:11	404:11 406:22	308:21 309:3,6,25	316:13 317:2,3,4,5	416:5
Gharabli (8)	407:4 412:14 414:2	310:17 311:6,10	317:9 328:10	hold (6)
389:11 391:18 392:7	415:21,25 421:17	351:3,7 379:10	345:17,21,22,23	300:14 304:7 366:3,3
392:10 394:20	423:17,23 424:2	381:9,23 430:10	346:4,8,12 377:16	369:5 393:19
396:7 407:2,21	good (10)	guideline (2)	378:13 379:6 384:8	holding (4)
Gharabli's (1)	273:7,17 286:23	393:16,18	386:12 388:16	284:25 297:3 365:20
408:5	349:4 351:18	guides (1)	391:8 395:5,7 399:6	410:8
give (8)	417:12 426:9 427:5	356:15	408:20 410:14,19	hours (1)
280:11,16 336:16	427:20,20	guys (8)	411:7	349:23
347:14 369:19	Google (1)	315:24 334:12 372:23	hazard's (1)	human (33)
370:13 373:24	351:16	372:24 385:2	388:15	274:21 275:3 282:25
391:15	gotten (1)	390:22 391:2 395:6	hazards (3)	352:21 391:3,19,21
given (16)	303:7	370.22 371.2 373.0	294:20,22 404:8	392:22 393:11,24
276:4 281:21 309:17	grab (2)		heading (1)	402:18,21 403:6,20
310:18,25 311:7	336:19 389:9	H (1)	380:25	403:24 405:16
316:20 317:23	grabbed (2)	430:7	healthcare (3)	406:3,10,15,20
319:5 330:24	359:14 360:17	half (2)	337:3,14,23	407:16,23,25
331:20 343:7	graphic (1)	388:14 395:15	hear (16)	407.10,23,23
362:11 417:5 424:7	285:9	hand (15)	273:20 292:4 293:2	410:18 411:20
431:13	great (1)	282:4 285:10,13,20	321:2 343:10	413:9,12 414:10
gives (1)	429:3	285:20 286:5 287:5	353:20 357:12	415:9,12 414:10
294:11	greater (1)	288:10 300:7	358:11 371:8	hundred (1)
giving (3)	334:8	324:21 416:8,8,12	372:14 373:20	345:14
285:23,24 310:23	green (1)	416:24 431:18	409:15 412:18,20	hundreds (1)
1	316:3	handed (3)	419:25 425:2	396:23
global (1) 295:6	ground (3)	320:2 324:6 359:7	heard (1)	
295:0 glucose (1)	286:25 400:2 412:15	hands (5)	423:20	hypothetical (6)
344:4	group (1)	284:24 285:6 288:25	held (12)	280:12,17 281:18,25
	353:3	358:20,22	271:7 277:12 334:24	348:3 349:19
go (26)	JJJ.J	330.20,22	211.1 211.12 334.24	
'		ı	1	1

	İ	İ	İ	I
I	423:15,16 424:11	425:14	349:8,20 354:10,19	instructing (3)
IBM (1)	424:13 427:6	incomplete (1)	355:6,17,17 360:14	364:2,19 382:15
353:2	IFU's (1)	281:25	369:15,24 370:7,9	instruction (12)
identical (1)	328:14	inconsistent (1)	370:17,20,23 371:4	280:4 288:11 294:10
326:13	IFUs (11)	336:9	371:15,18,23	305:17 306:9 318:4
identification (6)	275:11 276:14 278:10	incorporating (1)	372:13,21 373:10	318:7,15 329:14
282:11 289:17 302:4	284:4 292:6 296:21	393:23	375:11,14,25 376:5	330:23 376:20,25
319:24 323:25	311:4 356:15	incorporation (1)	376:13,19 378:5,7	instructional (5)
325:2	368:21 370:16	405:8	378:10,16,21 379:2	319:20,23 320:3,4
identified (7)	424:18	incorrectly (2)	379:5,8,10 380:9,12	430:13
288:14 350:7 391:7	ignored (1)	314:19 342:6	380:17 381:8,9,20	instructions (76)
395:7 396:23	406:11	independent (5)	381:22,24 382:8,12	285:24 286:4 287:9
408:17 409:7	II (1)	377:19 388:22 413:11	382:13,16 383:3,11	289:4 290:4 291:12
identify (6)	270:1	414:9,11	383:13,17 388:12	293:25 294:3,4,6,16
294:24,25 311:25	Ileana (3)	independently (2)	390:25 391:20,23	294:17 295:4,8,12
316:18 348:22	272:14 276:25 373:20	414:22 415:8	392:5 393:13	295:13 296:22
381:4	importance (2)	indicate (1)	394:23,25 395:2,4	297:6 299:25
IFU (144)	299:4 310:19	353:15	395:14 399:7,22	308:10 311:13,21
275:6,8,14,18,19,23	important (2)	indicating (3)	400:14 401:6,19,20	316:9,15,20 317:5
276:5,7,15 278:2,9	328:22 426:17	359:15 365:20,21	402:24 403:17	317:23 319:4,7,11
279:7,25 280:13,17	importantly (1)	indirect (1)	404:20 405:8,12,20	319:16 331:12,14
281:9 282:20,25	279:16	298:10	406:5,8,17 407:24	331:20 336:5 339:7
283:9,23 284:8,14	impression (1)	individual (3)	408:3,14 411:23	339:18 340:8 351:4
284:18,22 285:8,11	364:18	407:3,6,11	413:14 414:13	353:17 354:4
285:19 286:7,14,15	improper (4)	industry (3)	418:6 421:3,4	356:22,24 357:9
286:23,25 288:5,14	290:5 294:21 299:24	393:2,10,22	425:14 427:3	367:20 371:18,23
291:7,21 292:5	347:3	ineffective (1)	initial (2)	377:14 378:11,20
295:7,11,13,14	improperly (2)	317:6	311:8 426:17	384:3,5 386:8,25
296:7,19 297:6	270:9 272:11	inform (3)	injection (2)	387:8,12,17,20,22
304:18 305:15	in-depth (1)	294:18 317:3,4	290:17,19	388:7,19 390:15
308:8 310:3,19	410:6	information (41)	injured (1)	391:10 399:13
311:18 318:10	in-person (2)	278:24 281:21,22	333:14	404:12 417:4,5,8,10
324:19,22 325:10	313:21 314:5	291:13 294:11	injuries (1) 290:20	417:12,14,17,18 418:19 426:7,16
325:11 327:20	inadequacy (1)	308:7 311:24	injury (10)	instructors (1)
329:5,8 330:5,10	291:20	318:12 322:14	279:22 290:9,13	309:9
331:15,19,22 332:2	inadequate (4)	337:11,12,17,22,25	291:9 339:10,22	instructs (2)
332:9,11,16,19,23	295:14 316:21 317:6 353:16	338:18,23 345:16	340:12 344:8 345:7	285:5 353:15
335:11,18,24 336:5		351:19,20 353:5	421:16	insulin (128)
336:9 339:2 351:7	inappropriate (1)	355:3,23 356:8,10 362:11 363:14	innate (1)	275:20 277:22,22
351:10 365:25	353:16 incident (14)	372:25 375:7	424:4	278:12,18 279:10
369:2 370:7,20,22	308:22 315:19 317:18	378:15 404:9	insert (1)	279:19 284:25
370:23 371:15,17	335:12 341:20	407:16 419:23	405:24	287:20 290:17,20
371:17,23 372:8,13	343:2 371:7 380:18	420:4,5 422:11	insertion (1)	291:15 292:8
373:2 375:25 376:4	390:5 399:23	424:23 425:11,19	379:4	293:12,14,16 297:4
376:12,13,16,22	400:16 401:8,9,9	426:4,19,22	inside (6)	297:24 298:21
377:7,8,9,10 378:5	inclination (1)	informed (2)	361:7 399:21 400:13	302:2,15 304:15
378:7,9,15,16,25 379:9 380:9,13,16	278:25	292:11 317:8	401:6,13,18	312:24 314:20
, ,	include (4)	infusion (107)	install (2)	315:4 317:10
380:22 381:7,21 382:6,12,15,23,24	354:22 404:11 417:10	283:10 284:9 290:7	379:10 381:9	320:17 326:22
383:3,4,12,17,23,23	417:16	291:13,21 295:17	instruct (2)	328:15 333:3,4,5,6
384:6,8 386:10,11	included (6)	296:23 303:16	281:2 292:10	333:9,21,24 334:3
387:3 388:21	283:25 284:8 339:2,6	304:18 310:21	instructed (6)	340:9,17,24 341:3,7
394:14,15,18,23	339:17 402:25	311:5,7 313:16	315:8 317:12 332:20	341:10,12,14,15,22
395:10 404:12	including (4)	330:10 332:6	332:24 335:24	341:25 342:6,8,20
411:10,15,17	279:18 291:15 404:22	333:21 347:21	388:24	343:4,6,8,18,21
111.10,13,17				

245.24 246.7 11 15	422:6	282:9 430:19	201.11 17 202.14	311:5
345:24 346:7,11,15	422:0 involving (2)		391:11,17 392:14 394:3 398:12,18	Lenox (1)
347:3,9,16,18,20,25	0 \ /	Kilowitz (1)	400:6,11 401:8	` /
348:4,17 349:11,13	391:22 408:2	333:17 kind (9)		272:16
355:6 357:21	issue (13)		407:5,9,14 409:13	let's (14)
358:23 359:3,7,8,9	282:19 314:14 333:13	287:16 293:9 332:3	410:24 412:13	289:8,8,9 299:20
359:13,22 360:2,7 360:14 361:14,17	372:3 373:7 376:15	344:6 354:13,15	415:12 416:7,9,9 418:18 420:21	321:5 324:18
363:21 364:21	387:23 389:3,18 397:25 420:18	404:6,7,9	421:10 426:19	336:11 350:3
365:11,17,23 366:8	422:16,24	kinked (1) 347:21	421.10 420.19	367:15 385:4,4,5 394:11 413:16
366:11,15,19 367:3	issued (4)	Klimowicz (10)	knowing (1)	letter (11)
367:10 368:24	357:7 390:15 394:16	292:14,14 293:11	361:8	282:8 337:13,17
369:5 374:18,20,23	398:14	342:16,22 343:6	knowledge (2)	338:6,10,11,21
375:21 382:7,7	issues (4)	400:18 401:11	312:15 335:17	356:2,12 397:4
387:25 396:2,5	319:10 349:18 351:17	410:12 420:23	knows (1)	430:18
399:4,11 400:13	398:2	Klimowicz's (4)	297:11	letters (2)
401:10,13,18,23	items (1)	290:15 315:18 341:23	277.11	389:22 420:20
408:19,19 410:19	419:20	342:13	L	level (3)
411:7,12 418:11,12	419.20	knew (6)	lab (1)	348:24 349:6 396:14
419:7,17,19 420:15	J	298:23,24 318:13	315:23	likelihood (1)
421:6,6 425:12	$\frac{\mathbf{J}(9)}{\mathbf{J}(9)}$	367:18 375:15	labeled (2)	311:6
430:10	270:19 271:7 273:5	390:11	303:20 319:19	limit (1)
integrated (1)	273:12 289:15	know (135)	lack (2)	413:23
373:10	429:18 430:4,20	276:22 279:5,17	343:23 375:21	limitation (1)
intend (2)	431:11	280:18 281:10	laid (1)	426:11
288:15,16	Jersey (5)	283:7,9 286:2,9	328:17	liquid (7)
intended (2)	271:17,18 272:4	287:22 288:3,19	Lake (1)	306:8 328:4 341:3
288:15 367:16	431:8,9	292:25 293:15	272:3	399:19 400:12
intent (2)	job (2)	295:23 297:11	language (8)	401:5,17
286:16 378:18	270:25 304:17	302:13,15 306:18	304:22 336:13,23	liquids (1)
intention (2)	join (2)	306:23 309:11	337:9 381:6 383:11	400:9
288:13 367:9	289:7 397:12	313:19 314:3,6,9,11	383:12 412:6	listed (3)
interested (1)	Jr (9)	314:12 315:10,21	large (1)	380:9,25 398:17
431:16	270:19 271:7 273:5	316:5,22,23 318:13	355:12	listen (1)
Internet (2)	273:12 289:15	320:12 321:19,24	larger (1)	293:2
350:13 352:12	429:18 430:4,20	322:3,5,7,7,10,10	296:24	literally (1)
interpose (1)	431:11	322:22 323:5,10,15	lawsuit (1)	288:16
397:10	June (11)	324:11,14,15	333:13	litigation (3)
interpret (1)	282:6,9 337:14,17,20	326:15 329:15,18	lead (2)	351:13 352:13,19
300:15	337:20 356:2,17	333:9 341:17,21,24	279:21 298:19	little (10)
interpretation (2)	389:22 397:4	341:25 343:3,18	leading (1)	299:20 310:10,11
287:6,7	430:18	345:17 347:2 348:9	418:24	340:14,15 344:19
interpreting (1)	Jurat (1)	348:23 349:9	learned (3)	349:7 385:3 423:19
365:6	428:14	350:15,16,18,19,23	319:14 389:6,17	424:3
interrupt (1)	jury (1)	350:25 351:8,21	leaves (1)	LiveNote (1)
306:5	383:9	354:19,22 355:9,18	287:4	271:13
introduced (1)		355:21 356:9,11,14	leaving (1)	long (4)
372:17	K	356:18 357:5,5	410:10	306:23 308:3 310:2
introducing (1)	keep (6)	360:25 361:3 362:9	leeway (1)	429:9
403:14	344:8 360:7,13	362:10 363:16	286:22	look (8)
inverted (2)	366:23 394:10	367:8 368:8 369:25	left (3)	282:2 308:10 320:5
328:24 341:14	412:14	370:4,12,22 371:13	278:12 416:13,25	327:7 331:4 361:17
investigation (1)	keeping (2)	372:23 373:5	left-handed (1)	370:14 380:8
352:16	338:18 361:14	374:19 375:16,19	285:21	looked (4)
involved (6)	kept (3)	377:4 378:3 379:14	LEGAL (1)	372:23 378:24 396:21
333:15 394:21 395:5	359:9,22 360:2	379:15,18 380:3,4	272:21	405:23
407:22 413:13	Kevin (2)	381:17 383:8,14,15	length (1)	looking (5)
	l		_	l

337-24 372:3 302-46,10,10 319-23 280-12 283:24 284:17 277-27.7 293-9 362-15 324-22.2 335:14 335:23 2137:14 399:13 304:12 340:12 343:23 315:23 315:3 31		l	I	l	l
lost (9)		300:21 301:13	323:25 430:15	427:2 430:12,22	modes (1)
277:57.293.9 362:15 382:10 384:16 lot (2) 385:12 385:13 1436:6,14,25 387:24 low (5) 381:22 389:14 303:6 lot (2) 431:16 lot (2) 431:16 lot (2) 431:16 lot (2) 431:16 lot (2) 431:16 lot (2) 431:13 16:11 270:24 271:10 431:6 431:21 363:3 365:5 373:25 374:4,7 380:3 384:21,23 385:4,13 ana'am (2) 385:20,23 386:3,14 386:21,23 385:3,13 ana'am (2) 385:20,23 386:3,14 386:21,23 385:4,13 386:31 364:15 385:23 385:023 386:3,14 339:18 308:2 399:13 304:21 memtora (2) 380:18 308:2 399:13 304:21 memtor (2) 330:15 149:21 memtor (2) 330:15 149:21 memtor (2) 330:15 149:21 memtor (2) 330:13 149:3 330:13 30:11 332:20 47:23 majority (3) 385:25 365:5 368:12 anamagement (2) 393:25 5 393:25 5 393:25 5 393:25 5 393:25 5 393:25 5 393:25 5 393:25 5 393:25 5 393:27 273 18 material (2) 293:11 336:8 353:14 356:22 manual (7) 351:10 335:17 manufacture (4) 377:6 299:20 389:13 306:4 386:23 300:14 375:6.8.11 manufacture (4) 377:6 299:2 389:10 30:6 400:21 428:10 428:11,12 429:3 428:11 428:11,12 429:3 426:14 438:0 429:2 420:11 428:11,12 429:3 426:14 438:0 429:2 420:11 428:11,12 429:3 426:14 438:0 429:2 420:11 428:11,12 429:3 426:14 438:0 429:2 420:11 428:11,12 429:3 426:14 438:0 429:2 420:11 428:11,12 429:3 426:14 438:0 429:2 420:11 428:11,12 429:3 426:14 438:0 429:2 420:14 428:11 428:11,12 429:3 426:14 438:0 429:2 420:14 428:11 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11,12 428:11 429:11 428:11,12 428:11 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 429:11 428:11,12 428:11 429:11 428:11,12 428:11 429:11 428:11,12 428:11 429:11 428:11,12 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 429:11 428:11 429:11 428:11 429:11 428:11 429:11 428:11 429:1		302:4,6,10 319:23		Medtronic's (9)	
362:17 373:17,25 379:25 430:16 315:22 317:14 346:5 320:16 382:10 384:16 350:22 434:66,14,25 349:7	lost (9)	320:2 323:25	280:12 283:24 284:17	315:23 316:5 377:10	modified (1)
382:10 384:16 market (3) 270:15 2719 395:18 355:12 386:20 390:20 380:18 408:20 295:25 317:20 322:2 389:18 408:20 295:25 317:20 322:2 428:11,12 428:11 428:21 428:11 428:21 428:11,12 428:31 436:5 membrane (2) 330:15 419:22 330:15 419:22 428:11,12 membrane (3) 330:15 419:22	277:5,7 293:9 362:15	324:22,25 325:14	298:10 306:4	399:13 404:21	274:10
lot (2)	362:17 373:17,25	379:25 430:16	315:22 317:14	406:12,23 411:16	moisture (1)
lot (2)	382:10 384:16	market (3)	327:6 329:22	413:13	346:5
3087 425:24 marketing (1) 386:20 390:20 339:18 408:20 330:15 419:22 3345:24 346:6,14,25 3347:7 431:16 420:11 423:22 428:11,12 428:11,12 426:14 420:11 423:22 428:11,12 426:14 420:11 423:22 428:11,12 426:14 420:11 423:22 428:11,12 426:14 420:11 423:22 428:11,12 426:14 420:11 423:22 428:11,12 426:14 420:11 423:22 428:11,12 426:14	lot (2)		355:13,14 367:9	membrane (2)	mom (9)
Soc Soc					
349:72 Martinez (48) Martinez (48) Total (21) Martinez (48) Martin			398:4 407:6 415:12		
349.7					
Martinez (48)					The state of the s
August A					
Lyons (4) 270:24 271:10 431:6 343:14 358:7,10 347:10 349:3 347:10 349:3 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 347:12 348:8,20 353:3 364:15 397:12 398:7,9 400:5 402:2,4,13 358:31 362:2 407:7 409:14,19 412:17,21 413:18 413:25 414:7 412:17,21 413:18 413:25 414:7 412:17,21 413:18 413:25 414:7 412:17,21 413:18 413:25 414:7 416:18 42:117 270:7,7,8,9,10 272:10 361:7,10 278:15 376:2 430:5,6 277:18 282:23 376:2 430:5,6 277:18 282:23 393:25,25 272:7 273:18 369:22 343:11 306:5 308:7,13 309:19 351:3 425:16 311:9,16 312:4,5 308:7,13 309:19 326:14 346:16 322:25 324:24 330:22 339:11 306:15 308:8 373:14 348:8,11 351:19 manufacture (4) 347:3 352:19 375:6,8,11 manufacture (3) 375:6,8,11 manufacture (4) 375:14 283:14 293: 375:16 381:19 375:18 375:19 McConnell (4) 378:19 375:18 375:19 375:19 375:19 375:12 340:14 300:23 301:10 319:19 332:34 301:1 302:3 331:10 319:19 332:34 301:1 302:3 331:10 319:19 332:34 301:1 332:24 340:15 412:12,341:15 marked (16) 323:24 430:15 412:12,341:15 minue (1) 340:25 monitoring (1) 353:3 360:17,10 353:3 360:17,10 376:22 376:28 376:28 376:28 376:28 376:28 376:28 376:28 376:28 376:28 376:28 3					
270:24 271:10 431:6					
Marium (2) 363:8 365:5 373:25 374:12 348:8,20 367:22 method (1) 340:25 monitoring (1) 353:3			, ,		, ,
M					
M 384:21,23 385:4,13 media (1) 336:22,023 386:3,14 353:3 353:3 monitoring (1) 388:13 364:15 397:12 398:7,9 400:5 402:24,13 393:23 medical (1) 286:24 349:10 monit of (2) monit of (2) 335:3 367:710 monit of (2) 367:710 monit of (2) 367:710	431.21				
ma'am (2) 388:20,23 386:3,14 357:12 398:7,9 medical (1) 358:13 364:15 400:5 402:2,4,13 400:5 402:2,4,13 407:7 409:14,19 412:17,21 413:18 334:20 427:23 413:25 414:7 413:18 421:17 423:10 427:12,21 423:12 43:12 423:12 43:12 430:22 430:22 430:22 430:22 430:13 430:14 436:24 430:14 436:24 430:14 436:24 430:15 436:15 4					
358:13 364:15 397:12 398:7.9 medical (1) 290:14 middle (2) 283:6.6	-				
Madame (7) 400:5 402:2,4,13 393:23 middle (2) 283:6,6 month (1) 282:3 289:11 300:6 407:7 409:14,19 medication (1) 286:24 349:10 month (1) 319:18 323:17 413:25 414:7 Medtronic (99) 325:8 329:21 337:7 mind (5) 426:24 355:25 356:5 368:12 423:10 427:12,21 272:10,11,111 361:7,10 273:7,17 273:7,17 376:2 430:5,6 277:18 282:23 MiniMed (2) morning (2) 273:7,17 393:25,25 430:5,6 277:18 282:23 MiniMed (4) 286:15 403:4 295:23 296:21 298:2 393:25,25 272:7 273:18 297:19 299:2,13,15 430:22 motor (2) 385:20,22 359:7 356:22 manural (7) 351:3 425:16 311:9,16 312:45 422:8 motor (2) 285:23.25 manural (7) 352:14 346:16 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:24 322:25 324:2					
282:3 289:11 300:6 319:18 323:17 342:0 2472:33 413:25 414:7 426:17,21 413:18 412:17,21 413:18 412:17,21 413:18 412:17,21 413:18 416:18 421:17 270:7,7,8,9,10 272:10 361:7,10 3		•			
319:18 323:17 324:20 427:23 413:25 414:7 423:124 147 423:10 427:12,21 270:77.78,9.10 272:10 361:7.10 361:7.10 373:5:25 356:5 368:12 428:3.9 429:5.7 274:21 276:19 286:15 403:4 295:23 296:21 298:2 376:2 360:15 308:8 277:27 273:18 297:19 299:2,13.15 360:17,18 355:25 356:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2 360:15 308:8 420:22 371:2	, ,				,
324:20 427:23		· /			, ,
majority (3) 416:18 421:17 270:7,7,8,9,10 272:10 361:7,10 273:7,17 273:7,17 355:25 356:5 368:12 423:10 427:12,21 428:39 429:5,7 420:1,11,11 274:21 276:19 286:15 403:4 295:23 296:21 298:2 295:23 296:21 298:2 376:2 Maslon (2) 288:14 290:2 297:3 280:15 403:4 295:23 296:21 298:2 360:17,18 358:20,22 359:7 manner (4) material (2) 299:24,25 302:17 430:22 motor (2) motor (2) 293:11 336:8 353:14 materials (2) 306:15 308:8 306:15 308:8 422:8 moth (1) 357:4 296:24 303:11 308:5 311:9,16 312:4,5 311:9,16 312:4,5 422:8 mouth (1) 357:4 351:10 326:14 346:16 322:25 324:24 366:3 395:17 move (5) 375:17 375:6,8,11 416:11,22 431:16 355:16 368:10 minute (3) 301:24 323:21 430:9 375:6,8,11 manufacturer (3) McConnell (4) 377:15,18,25,25 minute (3) 328:18 329:6 347:8 378:19 McConnell's (2) 386:19,22,23 380:14,23 394:13					
355:23 356:5 368:12 making (1)					
making (1) 428:3,9 429:5,7 274:21 276:19 286:15 403:4 295:23 296:21 298:2 376:2 430:5,6 277:18 282:23 MiniMed (4) 358:20,22 359:7 management (2) Maslon (2) 288:14 290:2 297:3 270:7 272:10 324:24 360:17,18 393:25,25 material (2) 299:24,25 302:17 290:24 302:17 motor (2) 293:11 336:8 353:14 356:22 materials (2) 309:24 310:2,16,22 minimum (1) 285:23,25 manual (7) 351:3 425:16 311:9,16 312:4,5 311:9,16 312:4,5 272:9 273:19 move (5) 308:7,13 309:19 326:14 346:16 322:25 324:24 minority (1) multipage (4) 374:14 388:9,11 346:11-22 431:16 322:25 34:24 minute (3) 301:24 323:21 430:9 375:16,8,11 McConnell (4) 377:15,18,25,25 minute (3) 301:24 323:21 430:9 manufacturer (3) 375:19 McConville (1) 386:19,22,23 381:17 McOnville (1) 386:19,22,23 378:19 McConville (1) 383:14 384:22 386:19,22,23 381:17 N (1)					
376:2 management (2) masner (4) 430:5,6 material (2) 277:18 282:23 material (2) MiniMed (4) 270:7 272:10 324:24 motor (2) 358:20,22 359:7 360:17,18 motor (2) 293:11 336:8 353:14 356:22 manual (7) 274:20 371:2 materials (2) 351:3 425:16 matter (10) 314:13 316:9 314:13 316:9 Minnespolis (2) 272:9 273:19 motorly (1) 351:10 326:14 346:16 322:25 324:24 motorly (2) 374:14 388:9,11 395:17 manufacture (4) 374:14 388:9,11 395:17 manufacture (3) 375:6,8,11 manufacturer (3) 353:14 354:3 422:3 manufacturer (3) 353:14 354:3 422:3 manufacturer (3) 353:14 354:3 422:3 manufacturer (1) 378:2 manufactures (1) 378:2 manufacturing (7) 300:23 301:10 319:19 323:18 marked (16) 430:23 30:24 30:11 marked (16) 322:25 324:24 motorly (1) 36:12 minute (3) 36:13 425:16 motorly (1) 36:12 minute (3) 375:6,8,11 marked (16) 322:24 302:17 more (1) 369:14,18,22 370:2,4 360:23 302:3 430:11 marked (16) 323:24 430:15 more (1) 323:24 430:15 more (1) 323:24 430:15 more (1) 323:24 430:15 more (1) 323:24 430:15 more (1) 323:24 430:15 more (1) 372:2 321:11 MiniMed (4) more (2) 270:7 271:10 324:24 more (2) 360:17,18 more (2) 300:24 285:23,25 more (1) 360:17,18 more (2) 370:24,25 302:17 minimum (1) 285:23,25 more (1) 355:14 300:14 340:14 more (1) 314:13 316:9 minute (1) 272:9 more (1) 311:12 316:12 more (1) 311:12 316:12 more (1) 300:24 300:14 more (1) 300:24 300:14 300:14 300:14 300:24 300:14 300:24 300:14 300:24 300:24 300:14 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 300:24 313:3,10 300:24 300:24 313:3,10 300:24 320:11 415:12;413:10 more (1) 300:24 31:3,10 31:22 321:11		The state of the s			
management (2) Maslon (2) 288:14 290:2 297:3 297:19 324:24 270:7 272:10 324:24 430:22 360:17,18 motor (2) 285:23,25 motor (2) 285:23,25 motor (2) 285:23,25 motor (2) 285:23,25 motor (2) 285:23,25 motor (2) 285:23,25 motor (2) 285:23,25 motor (1) 285:22 manual (7) materials (2) 300:24 310:2,16,22 311:9,16 312:4,5 300:17 308:13 309:19 351:3 425:16 311:17 316:12 351:10 326:14 346:16 322:25 324:24 311:9,16 312:4,5 351:10 326:14 346:16 322:25 324:24 311:17 395:17 manufacture (4) 347:3 352:19 354:12,18,21 355:6 311:17 395:17 manufactured (3) 375:6,8,11 manufactured (3) 375:6,8,11 manufacturer (3) 353:14 354:3 422:3 McConnell's (2) 283:4 (4,14,20 378:11,19 380:23 375:13 381:17 manufacturers (1) 378:2 MCConville (1) 386:19,22,23 380:24,25 381:23 manufacturing (7) 369:14,18,22 370:2,4 386:23 403:14 manufacturing (7) 300:23 301:10 319:19 300:23 301:10 319:19 319:23 430:11 300:23 301:10 319:19 319:23 430:13 marked (16) 323:24 430:15 415:21,25 416:4 morked (16) 323:24 430:15 415:21,25 416:4 morked (1) 317:22 321:11 288:14 290:2 297:3 299:24,25 302:14 422:8 mouth (1) 360:12,26 273:19 mowt (5) 285:29;29;9;11 31:12 316:12 mowt (5) 289:6 299:9;11 31:12 316:12 mowt (5) 289:6 299:9;11 31:12 316:12 minority (1) multipage (4) 301:24 323:21 430:9 430:14 multiple (8) 299:22 300:16 393:19 400:19,24 mislead (1) multiple (8) 381:17 minutes (2) 381:17 min					
393:25,25 manner (4)		,			·
manner (4) material (2) 299:24,25 302:17 minimum (1) 285:23,25 293:11 336:8 353:14 356:22 materials (2) 309:24 310:2,16,22 Minneapolis (2) 357:4 manual (7) 351:3 425:16 311:9,16 312:4,5 272:9 273:19 move (5) 296:24 303:11 308:5 matter (10) 314:13 316:9 Minneapolis (2) 289:6 299:9,11 351:10 326:14 346:16 322:25 324:24 minority (1) 289:6 299:9,11 351:10 347:3 352:19 355:16 368:10 355:16 368:10 301:24 323:21 430:9 374:14 388:9,11 416:11,22 431:16 355:16 368:10 minute (3) 301:24 323:21 430:9 375:6,8,11 macters (1) 369:22 370:2,8 minute (3) 299:22 300:16 393:19 276:14,15 296:13 351:19 McConnell (4) 377:15,18,25,25 400:19,24 328:18 329:6 347:8 378:2 McConnell's (2) 380:24,25 381:23 386:19,22,23 381:17 N (1) 378:19 McConnell's (2) 380:14,23 394:13 390:14,23 394:13 390:14,23 394:13 390:14,23 394:13 372:16 430:					· ·
293:11 336:8 353:14 356:22 manual (7) 296:24 303:11 308:5 296:24 303:11 308:5 308:7,13 309:19 351:10 356:13 295:6 311:17 351:10 368:13 295:6 311:17 355:17 374:14 388:9,11 395:17 375:6,8,11 375:6,8,11 375:6,8,11 375:6,8,11 375:6,8,11 375:19					
356:22 manual (7) materials (2) 309:24 310:2,16,22 311:9,16 312:4,5 Minneapolis (2) 357:4 move (5) 296:24 303:11 308:5 308:7,13 309:19 351:10 286:13 295:6 311:17 319:22 320:12,16 32:25 324:24 312:25 324:24 272:9 273:19 Minnesota (1) 289:6 299:9,11 31:12 316:12 mority (1) multipage (4) 321:25 324:24 manufacture (4) 374:14 388:9,11 395:17 manufactured (3) 375:6,8,11 manufacturer (3) 353:14 354:3 422:3 manufacturer (3) 353:14 354:3 422:3 manufacturer (3) 353:14 354:3 422:3 manufacturer (1) 351:19 McConnell (1) 283:4 383:20 manufacturer (1) 369:14,18,22 370:2,4 386:23 403:14 mark (4) 300:23 301:10 319:19 323:18 marked (16) 300:23 430:11 MDT0000332RD (2) 323:24 430:15 300:24 310:2,16,22 31:9,25 31:23 31:2,25 41:24 31:16 mort (4) 300:23 301:10 319:19 323:18 marked (16) 300:24 310:2,16,22 31:2,16 31:24,5 31:24,5 31:24,5 31:25,6 31:24,5 32:25 324:24 31:16 31:17 32:16 mort (4) 300:23 301:10 319:19 323:18 morked (16) 300:24 310:2,16,22 31:3,10 more (5) 300:22 313:3,10 more (5) 311:10 310:2,16 31:24,5 31:24,5 31:24,5 31:24,5 31:24,5 31:24,24 31:16 more (1) 317:22 321:11 300:22 313:3,10 317:22 321:11		1 7	•		f
manual (7) 351:3 425:16 311:9,16 312:4,5 272:9 273:19 move (5) 296:24 303:11 308:5 308:7,13 309:19 286:13 295:6 311:17 319:22 320:12,16 272:9 311:12 316:12 351:10 326:14 346:16 322:25 324:24 minority (1) 289:6 299:9,11 374:14 388:9,11 347:3 352:19 354:12,18,21 355:6 368:10 301:24 323:21 430:9 395:17 matters (1) 369:22 370:2,8 299:22 300:16 393:19 301:24 323:21 430:9 375:6,8,11 mcConnell (4) 377:15,18,25,25 minutes (2) 276:14,15 296:13 353:14 354:3 422:3 mcConnell's (2) 380:24,25 381:23 346:15 283:8 329:6 347:8 351:19 mcConville (1) 386:19,22,23 381:17 N (1) 378:2 mDT000073RD (2) 390:14,23 394:13 394:16,17,19,22 390:14,23 394:13 369:14,18,22 370:2,4 302:3 430:11 392:3 430:13 395:10,16 403:4 372:16 432:2 300:23 301:10 319:19 319:23 430:13 415:21 413:10 300:24 270:9 272:11 300:23 318 MDT071290RD (2) 415					
296:24 303:11 308:5 matter (10) 314:13 316:9 Minnesota (1) 289:6 299:9,11 308:7,13 309:19 326:14 346:16 322:25 324:24 311:12 316:12 351:10 326:14 346:16 322:25 324:24 311:12 316:12 manufacture (4) 347:3 352:19 354:12,18,21 355:6 286:3 301:24 323:21 430:9 374:14 388:9,11 416:11,22 431:16 355:16 368:10 299:22 300:16 393:19 301:24 323:21 430:9 manufactured (3) 410:9 372:19 375:13 minutes (2) 400:19,24 328:18 329:6 347:8 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 386:19,22,23 386:19,22,23 386:19,22,23 381:17 N N N N N N N N 1 N 10 273:4 283:8 389:12 386:19,22,23 386:19,22,23 388:17 N N N N N 10 273:4 283:8 389:12 387:16 406:3,3,24 405:16 406:3,3,24 372:16 430:2 372:16 432:2 373:4 283:8 389:12 373:12 430:13 373:16 430:2 373:12 430:1					
308:7,13 309:19 286:13 295:6 311:17 319:22 320:12,16 272:9 311:12 316:12 351:10 326:14 346:16 322:25 324:24 322:25 324:24 301:24 323:21 430:9 374:14 388:9,11 346:11,22 431:16 355:16 368:10 286:3 301:24 323:21 430:9 395:17 410:9 372:19 375:13 372:19 375:13 372:19 375:13 372:19 375:13 372:19 375:13 372:19 375:13 373:11,19 380:23 373:11,19 380:23 380:24,25 381:23 346:15 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 328:18 329:6 347:8 415:20 424:5 381:17 N (1) N (2) <					
351:10 manufacture (4) 347:3 352:19 374:14 388:9,11 395:17 manufactured (3) 375:6,8,11 manufacturer (3) 353:14 354:3 422:3 manufacturer (3) 353:14 354:3 422:3 manufacturer (1) 351:19 manufacturer (1) 351:19 manufactures (1) 351:19 manufactures (1) 351:19 manufactures (1) 369:22 370:2,8 377:15,18,25,25 378:11,19 380:23 380:24,25 381:23 380:24,25 381:23 380:24,25 381:23 380:24,25 381:23 380:14 383:20 380:19,22,23 380:14 383:20 380:19,22,23 380:19,22,23 380:19,22,23 380:19,22,23 380:19,22,23 380:11 395:16,17,19,22 380:23 430:11 395:10,16 403:4 386:23 403:14 mark (4) 300:23 301:10 319:19 323:18 marked (16) 326:14 346:16 322:25 324:24 354:12,18,21 355:6 368:10 369:22 370:2,8 377:15,18,25,25 378:11,19 380:23 377:15,18,25,25 380:24,25 381:23 380:24,25 381:23 380:14,28,25 381:23 380:14,28,25 381:23 380:14,28,25 381:23 380:14,28,25 381:23 380:19,22,23 380:11,19 380:23 380:19,22,23 380:11,19 380:23 380:19,22,23 380:11,19 380:23 380:19,22,23 380:11,19 380:23 380:19,22,23 380:11,19 380:23 380:12,23 381:17 N(1) 380:19 380:19 380:19,24 380:19 380:19,24 380:19 380:19,24 380:19 380:19,24 380:19 380:19,24 380:19 380:19,24 380:19 380:19,24 380:19,					
manufacture (4) 347:3 352:19 354:12,18,21 355:6 286:3 301:24 323:21 430:9 374:14 388:9,11 395:17 matters (1) 369:22 370:2,8 minute (3) 299:22 300:16 393:19 430:14 multiple (8) manufactured (3) 375:6,8,11 McConnell (4) 377:15,18,25,25 400:19,24 328:18 329:6 347:8 manufacturer (3) 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 misdelivery (1) 328:18 329:6 347:8 manufacturers (1) 351:19 McConville (1) 386:19,22,23 381:17 N (1) 378:2 MDT000073RD (2) 390:14,23 394:13 392:3,3 missed (2) 430:2 386:23 403:14 MDT000332RD (2) 395:10,16 403:4 372:16 372:16 432:2 mark (4) MDT071234RD (2) 319:23 430:13 411:21 413:10 misaken (1) named (2) 323:18 MDT071290RD (2) 415:21,25 416:4 mode (1) 317:22 321:11					
374:14 388:9,11 416:11,22 431:16 355:16 368:10 minute (3) 430:14 395:17 matters (1) 369:22 370:2,8 299:22 300:16 393:19 276:14,15 296:13 375:6,8,11 McConnell (4) 377:15,18,25,25 400:19,24 328:18 329:6 347:8 manufacturer (3) 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 manufacturers (1) 351:19 McConville (1) 386:19,22,23 381:17 N (1) manufacturing (7) 302:3 430:11 390:14,23 394:13 292:3,3 name (4) 369:14,18,22 370:2,4 302:3 430:11 394:16,17,19,22 395:10,16 403:4 372:16 432:2 mark (4) 300:23 301:10 319:19 319:23 430:13 408:12 409:6 300:24 270:9 272:11 marked (16) 323:24 430:15 415:21,25 416:4 misuse (1) 354:5 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
395:17 matters (1) 369:22 370:2,8 299:22 300:16 393:19 multiple (8) 375:6,8,11 McConnell (4) 377:15,18,25,25 400:19,24 328:18 329:6 347:8 manufacturer (3) 283:4,6,14,20 378:11,19 380:23 misdelivery (1) 328:18 329:6 347:8 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 346:15 manufacturers (1) 278:11 284:19 386:19,22,23 381:17 N (1) 378:2 MDT000073RD (2) 387:18 388:22 390:14,23 394:13 292:3,3 name (4) 386:23 403:14 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 300:23 301:10 319:19 MDT071234RD (2) 319:23 430:13 408:12 409:6 300:24 mistaken (1) named (2) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11	3 7				
manufactured (3) 410:9 372:19 375:13 minutes (2) 276:14,15 296:13 375:6,8,11 McConnell (4) 377:15,18,25,25 400:19,24 328:18 329:6 347:8 manufacturer (3) 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 manufacturers (1) 351:19 McConville (1) 386:19,22,23 381:17 N (1) 378:2 MDT000073RD (2) 390:14,23 394:13 394:16,17,19,22 390:14,23 394:13 394:16,17,19,22 395:10,16 403:4 372:16 430:2 386:23 403:14 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 432:2 mark (4) 300:23 301:10 319:19 319:23 430:13 405:16 406:3,3,24 mistaken (1) named (2) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11	· ·				
375:6,8,11 McConnell (4) 377:15,18,25,25 400:19,24 328:18 329:6 347:8 manufacturer (3) 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 misdelivery (1) 346:15 manufacturers (1) 351:19 McConville (1) 386:19,22,23 381:17 N (1) 378:2 MDT000073RD (2) 387:18 388:22 missed (2) 430:2 manufacturing (7) 302:3 430:11 394:16,17,19,22 missing (1) 273:4 283:8 389:12 369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 386:23 403:14 MDT071234RD (2) 408:12 409:6 300:24 mistaken (1) named (2) 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11		` ,			
manufacturer (3) 283:4,6,14,20 378:11,19 380:23 misdelivery (1) 415:20 424:5 353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 346:15 manufacturers (1) 278:11 284:19 382:14 383:20 mislead (1) N 351:19 McConville (1) 386:19,22,23 381:17 N (1) manufactures (1) 283:4 387:18 388:22 missed (2) 430:2 378:2 MDT000073RD (2) 390:14,23 394:13 292:3,3 name (4) manufacturing (7) 302:3 430:11 394:16,17,19,22 missing (1) 273:4 283:8 389:12 386:23 403:14 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 mark (4) 300:23 430:11 405:16 406:3,3,24 mistaken (1) named (2) 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:20,25 416:4 mode (1) 317:22 321:11					
353:14 354:3 422:3 McConnell's (2) 380:24,25 381:23 346:15 N manufacturers (1) 351:19 McConville (1) 386:19,22,23 381:17 N (1) manufactures (1) 283:4 387:18 388:22 missed (2) 430:2 378:2 MDT000073RD (2) 390:14,23 394:13 292:3,3 name (4) manufacturing (7) 302:3 430:11 394:16,17,19,22 missing (1) 273:4 283:8 389:12 369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 mark (4) MDT071234RD (2) 408:12 409:6 300:24 mistaken (1) named (2) 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11		, ,			
manufacturers (1) 278:11 284:19 382:14 383:20 mislead (1) N 351:19 McConville (1) 386:19,22,23 381:17 N (1) manufactures (1) 283:4 387:18 388:22 missed (2) 430:2 378:2 MDT000073RD (2) 390:14,23 394:13 292:3,3 name (4) manufacturing (7) 302:3 430:11 394:16,17,19,22 missing (1) 273:4 283:8 389:12 369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 386:23 403:14 MDT071234RD (2) 408:12 409:6 300:24 mistaken (1) named (2) 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11			· ·		415:20 424:5
351:19					
manufactures (1) 283:4 387:18 388:22 missed (2) 430:2 378:2 MDT000073RD (2) 390:14,23 394:13 292:3,3 name (4) 369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 386:23 403:14 302:3 430:11 405:16 406:3,3,24 missaken (1) named (2) mark (4) MDT071234RD (2) 408:12 409:6 300:24 270:9 272:11 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
378:2 MDT000073RD (2) 390:14,23 394:13 292:3,3 name (4) manufacturing (7) 302:3 430:11 394:16,17,19,22 missing (1) 273:4 283:8 389:12 369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 386:23 403:14 MDT071234RD (2) 408:12 409:6 300:24 mistaken (1) named (2) 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11		` '	, , ,		
manufacturing (7) 302:3 430:11 394:16,17,19,22 missing (1) 273:4 283:8 389:12 369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 386:23 403:14 MDT071234RD (2) 408:12 409:6 300:24 missing (1) 273:4 283:8 389:12 300:23 301:10 319:19 MDT071234RD (2) 408:12 409:6 300:24 270:9 272:11 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
369:14,18,22 370:2,4 MDT000332RD (2) 395:10,16 403:4 372:16 432:2 386:23 403:14 302:3 430:11 405:16 406:3,3,24 mistaken (1) named (2) 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
386:23 403:14 mark (4) 302:3 430:11 MDT071234RD (2) 405:16 406:3,3,24 409:6 408:12 409:6 408:12 409:6 408:12 409:6 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 411:21 413:10 415:21,25 416:4 415:21,25 416:4 415:21,25 416:4 415:21,25 416:4 mistaken (1) named (2) 270:9 272:11 413:10 411:21 413:10 300:24 300:24 300:22 313:3,10					
mark (4) MDT071234RD (2) 408:12 409:6 300:24 270:9 272:11 300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
300:23 301:10 319:19 319:23 430:13 411:21 413:10 misuse (1) Nancy (16) 323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
323:18 MDT071290RD (2) 414:11,23 415:5,11 354:5 300:22 313:3,10 marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
marked (16) 323:24 430:15 415:21,25 416:4 mode (1) 317:22 321:11					
mode (1)					•
- 989-10 980-19 16 - EMHTTIK/LEDZRID (Z) - E					
202.10 207.12,10 MD 10/1322RD (2) 420.10 422.13 345:4 330:8,15,20,22	282:10 289:12,16	MDT071322RD (2)	420:10 422:15	345:4	330:8,15,20,22
<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>

				1 490 11
330:8,15,20,22	norms (1)	409:16,17	318:2 320:15,20	316:14 320:22 348:10
331:9 332:25	329:11	objection (21)	321:5,17 322:4,13	348:13
333:11,20,24 334:5	Notary (3)	281:4 289:7 296:9	323:4,16,16 324:18	Opening (1)
420:6	271:17 431:9 432:25	298:8 308:23	325:17,24 326:9	320:23
			327:18 328:2,11	
narrowed (1)	note (14)	310:10 318:16,18		opine (4)
342:19	281:4 306:22 308:23	322:6 339:24	329:23 330:3,7,12	280:23 291:20 296:7
natural (7)	309:2 310:6,9	345:10 353:19	331:13,17,17	342:17
296:24 297:22 298:12	339:23 345:10	376:7 397:11	332:22 333:19	opined (2)
298:20 368:2,14	353:18 371:2	398:13 399:25	334:2,7,11 336:18	292:14 310:15
418:20	398:12,12 399:24	407:19 409:11	337:15 338:5,24	opinion (26)
naturally (3)	425:22	410:23 413:3	341:17 342:21	275:6 280:16 283:19
285:21 287:4 329:13	noted (7)	425:23	345:2 346:22	295:8 299:8 304:20
nature (1)	323:3 331:5 358:2	objectionable (1)	348:25 350:15,25	306:14 310:18,25
351:5	370:11 391:4	422:21	352:10,18 356:14	311:15 315:12,16
nauseam (1)	392:21 429:14	obtained (2)	357:7,16 358:4,12	338:24 342:14
411:2	noticed (1)	337:9 375:12	359:16 360:19	351:13 357:8 373:4
necessarily (3)	326:2	obvious (3)	363:9 364:11,16	376:24 384:13
353:15 417:16 420:6	notices (1)	316:14 348:10,13	366:12 367:13	385:19 401:10
necessary (5)	420:20	obviously (1)	369:7,12 370:18	411:19 422:19
338:3 341:2 386:25	noticing (1)	302:23	371:8 372:2 373:19	423:13 424:8
423:3,5	419:6	occur (4)	374:4,12,16 375:4	426:21
necessity (1)	notion (1)	309:12 346:17 347:13	375:10 376:10	opinions (11)
314:17	318:25	396:18	377:3,6,23 379:7	274:11,24 295:6
need (7)	number (41)	occurred (3)	381:14,19 382:2,3	299:23 373:7 378:6
355:23 363:20 366:7	282:5 288:20 289:13	315:19,25 316:2	382:17,18,21 383:7	398:15,16 399:17
395:8 417:18,19	289:21 297:17	offer (1)	383:19 384:20	416:23 425:18
424:11	300:7 324:3,6	378:6	385:20 386:15	opposed (10)
needed (15)	327:19 334:23	offered (1)	387:11,21 390:4,13	283:14 291:10 296:23
274:15 279:17 291:13	335:4 350:6,11	344:17	390:20 391:6 392:9	308:11 331:20
295:2 297:7 311:25	396:11,17 398:23	offhand (4)	392:9 393:7,18	348:12 365:21
341:4 376:20	398:24,24,24,24,25	338:16 351:9 370:5	394:7 395:13	368:5 371:17
383:18 387:19	398:25,25,25 399:2	416:10	398:19 401:24	376:13
404:4,5,9 415:22	399:2,2,3 402:7,11	offices (1)	403:5 404:17	order (1)
416:2	402:16 408:11	271:8	405:11 406:9,14	381:23
needs (3)	422:20,21,23 424:7	official (1)	407:7 408:4,9	orient (2)
297:12 426:5,23	424:22 425:10	352:21	410:13 411:15	364:21 367:19
negative (1)	429:12 430:8,17	oh (9)	413:4,23 415:2,17	orientation (8)
348:14	numbered (1)	273:9 300:20 301:21	415:24 416:6,11	285:7 289:2 314:18
neither (2)	306:25	325:5,24 357:16	417:21 419:2	329:6 361:23 364:3
276:5 375:5	numbers (5)	371:16 393:2	421:17 423:6 424:8	366:24 388:2
never (12)	302:3 323:24 422:14	412:16	425:6 427:12 428:4	original (4)
278:12,19 299:2	430:10,15	okay (170)	428:8 429:6	278:2 359:25 375:18
317:20 386:2		273:22 274:9,13,18	once (4)	383:7
412:22 413:5	0	275:17 276:3,19,23	330:14,18 414:15	ought (1)
419:21 420:2	o'clock (11)	278:7,20 279:7	416:15	362:23
423:16,23 424:6	295:17,18 333:2,12	280:10,22 281:24	ones (5)	outcome (1)
new (9)	333:17,22,25 334:4	283:12 284:16,22	283:11 329:21 354:17	431:16
271:16,17,18 272:4	349:15,15,16	285:17 288:25	371:5 377:25	over-delivery (1)
424:16 427:8 431:8	object (15)	289:3,24 290:22	online (4)	346:7
431:9,9	289:5 299:9,10	293:2,3,7,8 295:15	321:15 322:3 323:2 427:10	over-infusion (1)
newcomer (1)	311:11 316:11	296:4,15 299:20		345:23
281:10	344:13 397:9,11	300:5,25 301:8,17	online-pump (3)	overall (2)
night (1)	398:4 407:4 410:23	302:6 303:3,12	322:21 323:9 324:13 Oops (1)	298:19 305:12
349:10	412:2 415:15 420:8	305:8 306:4,14	393:3	P
normally (1)	423:17	307:11 312:3,14,21	open (4)	
329:13	objecting (2)	313:6,18 315:6	open (4)	P (1)
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

				3
406:7	365:16 367:7	368:10,19 384:8	380:16	posted (3)
P-cap (49)	part (25)	386:11 388:23		350:17,20 356:2
274:23 277:19 279:21	275:6 277:20 278:6	404:15 417:22	pictures (2) 383:10,12	*
291:2,17 292:10,13		418:21 420:16		posts (1)
	278:21 283:21,24		piece (1)	353:4
292:17 297:16	284:4 292:18	421:10 422:16	325:21	potential (13)
310:21 311:4 314:9	298:18 305:12	426:10	pieces (1)	279:2,18 282:24
314:21 328:6	306:14 309:7 319:6	percent (3)	296:14	299:19 346:6 347:2
340:23 348:18	321:15 324:13	343:19 345:14 367:12	place (1)	348:9 395:25
369:9,14,18,23	343:12 346:2	percentile (2)	419:8	396:18 399:15
370:3 373:2,9	352:16 360:13	355:21,22	placed (2)	404:5 408:17
375:12,22 378:21	361:4 373:10	performed (6)	278:13 413:3	418:23
379:3 383:5 390:23	375:12 388:17	277:18 331:11 403:22	Plaintiff (2)	potentially (2)
397:17 399:5,10,21	395:4 405:9	403:23 408:12	270:5 272:4	288:21 309:12
400:15 401:6,13,19	partial (1)	409:4	planning (1)	practice (3)
405:3,9,17 406:5	410:24	periodically (1)	383:16	291:6 352:4,9
408:14,19,21 411:8	participants (1)	348:24	play (1)	predicates (1)
411:13,23 414:13	363:12	person (13)	319:17	426:2
418:24	participation (1)	285:9,12,12 316:16	please (9)	prefer (1)
p.m (8)	299:17	363:19,25 364:19	273:6 283:17 372:14	287:5
334:25 363:5,6 385:8	particular (16)	367:2,18 384:24	381:20 386:16	preferences (2)
385:9 402:8,9	281:9 285:6,6 288:10	405:24 423:25	403:20 412:9 413:6	287:11 288:17
429:14	300:4 313:15	425:4	428:2	prepare (1)
packet (1)	321:18 322:12	person's (2)	plus (1)	274:6
330:10	328:10,20 338:10	362:6 424:3	420:22	prescribed (1)
packets (1)	345:4 346:17 349:3	personally (2)	point (24)	355:16
314:15	363:25 367:17	350:18 357:18	275:20 281:18 288:11	prescribing (1)
page (19)	particularly (1)	perspective (2)	310:2 315:17,20,22	309:21
282:15,19 289:21	353:23	351:22,23	315:23 322:3	presence (2)
290:2 303:19	parties (1)	Pg (1)	323:15 334:18	294:24 340:11
306:25 308:12	431:15	432:5	369:17 370:2	Present (3)
331:7 336:15,15,19	parts (1)	Ph.D (4)	372:16,16 390:17	272:8,15,20
364:9 370:16	386:21	270:19 271:7 273:12	391:10 395:22	presented (2)
391:24 392:14	party (1)	430:4	398:20 400:3	275:15 280:21
428:13 430:3,8,17	416:5	phase (1)	404:25 405:4,7	presume (2)
pages (7)	pass (2)	404:2	413:24	314:25 315:5
303:4 306:23 308:3,4	358:6 421:18	PhD (4)	pop (1)	pretty (2)
308:6 331:9 350:8	patient (6)	289:15 429:18 430:20	360:19	326:7 425:23
paid (2)	293:4 309:14 311:23	431:11	popped (4)	prevent (4)
354:21 368:10	347:17 354:11	phenomenon (1)	359:14 360:17,23	291:14 292:8 349:12
paper (3)	356:12	420:14	361:24	411:12
325:21 377:7 378:7	patients (6)	Philadelphia (3)	population (6)	previous (2)
Paradigm (30) 290:6 301:25 302:15	299:14,19 309:9,22	270:15 271:9 431:5	279:4 342:10 354:11	301:19 426:13
324:24 354:18	338:6,12	phrased (1)	355:5,11,19	previously (8)
355:17 370:17	pause (3) 301:12 360:20 361:17	339:25	portion (6)	273:4,13 282:10
371:3,17 372:9,19		physically (5)	307:7,9 339:13 342:9	289:12,16 324:21
371:3,17 372:9,19	pending (2) 385:15 400:25	278:3 314:7,10,11 321:7	385:16 386:5 position (2)	324:25 430:16
374:23 376:14,16	385:15 400:25 Pennsylvania (7)		383:25 396:2	prime (24)
376:22,23 378:22	270:15 271:10,15,19	physicians (1) 397:5	383:25 396:2 possession (2)	292:15 297:2,18
387:3 388:21,21	431:3,8,10	pick (1)	• '	333:16 346:9
391:22 395:10	To the second se	316:16	392:3 407:17 possible (2)	348:12 349:8
399:6 403:2 408:2	people (28) 285:21,23 297:21		356:20 368:16	371:21 372:4
427:4 430:10,22	308:9 316:5 319:13	pictograph (9) 303:20,22,24 304:14	possibly (2)	376:15 377:15 378:12 388:3 389:3
paragraph (8)	350:16,20 351:2,20	304:22 326:24	287:21 356:23	389:7 390:10,16
282:18,22 289:25	354:4,8 355:3 356:9	327:5,12,13	post (2)	397:7,14,20,21
364:12,18 365:15	356:20 362:3	picture (1)	354:9 355:4	418:17,24 420:13
301.12,10 303.13	330.20 302.3	picture (1)	JJT./ JJJ.H	710.17,27 720.13
	1	1	1	1

418:17,24 420:13 Prinning (2) 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:10 368:13 369:13 310:4 319:3,11 331:20 283.7 389:12 294:19,22 315:3 352:20 294:19,22 315:3 393:21 373:163:48 386:21 336:2,365:3,571:9 393:21 373:163:48 386:3 90:15 339:23 395:24 396:17 401:9 411:3 446:15 500:10 410:14 410:18 415:11,12 411:13 426:15 700ballity (1) 364:3,320:367:18 386:390:15 336:2 300:2 312:13 317:18 Problematic (2) 292:8 332:7 364:17 305:13 370:23 387:78,12 370:23 387:78,12 370:13 388:19 370:23 387:78,12 370:23 387:78,12 370:23 385:12 370:23 385:12 370:23 385:12 370:23 385:12 370:23 385:13 310:4 311:20 245:13 310:17 330:15 325:16.18 336:12 370:23 385:13 310:4 311:20 370:23 387:24 370:23 385:13 310:4 311:20 470:14 4					
Priming (2)	118.17 24 420.13	professionally (1)	271:17 380:10 21 24	244.14 19 245.12	Dochol's (2)
	· ·				
283.7 proincouncing (1) 389.12 pronouncing (1) 389.12 protocouncing (1) 389.12 protocouncing (1) 389.12 protocouncing (1) 389.12 protocouncing (1) 388.23 385.14 388.23 385.14 385.18 386.14 385.18 385.18 385.18 386.14 385.18 385.18 385.14 385.18 3					
					0 , ,
331.20 September (17) September (17) September (18) September (19)		` `			
printitut (2) 331:12,13 prior (10) 279:16 280:7 379:25 364:3,320 367:18 388:6 390:15 396:3 395:24 396:17 40:19 411:3 40:18 415:11,12 40:18 415:11,12 306:2 404:10 414:25 415:13 problem (4) 300:22 312:13 317:18 problem (4) 309:11 341:5 384:17 309:13 341:5 384:17 309:13 341:5 384:17 309:13 341:5 384:17 309:13 309:16 373:13 319:10 345:15 309:13 309:16 373:13 399:18 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 373:13 399:19 37					
331:12,13					
364:3, 20 367:18 364:3, 20 367:18 388:6 390:15 391:20 407:24 396:17 401:9 411:3 410:18 415:11, 12 410:18 415:11,					
279:16 280:7 379:25 388:6 390:15 391:20 407:24 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:12 407:14 398:14 418:31 417:45,6 probebly (1) 343:20 probebly (3) 309:2 494:11 399:2 404:10 302:21,15.25 309:3 418:24 414:3,16 309:12,14 52:15 309:11 341:5 384:17 309:11 341:5 384:17 309:11 341:5 384:17 309:1 341:5 383:17 309:1 341:5 383:17 309:1 341:5 383:17 309:1 341:5 383:17 309:1 341:5 383:17 309:1 341:5 383:17 309:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 383:1 399:1 341:5 399:1		f			
393:395:24 396:174019411:3 421:15 426:15 probability (1) 343:20 292:8 332.7 364:17 396:22 401:0 410:18 415:1,12 417:4,5.6 properly (7) probably (3) 300:22 312:13 317:18 problem (4) 309:11 341:5 384:17 309:13 341:5 384:17 problem (5) 309:11 341:5 384:17 309:19 345:15 309:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:10 347:13 322:2 399:11 399:16 309:13 347:13 322:2 399:13 384:3 399:13 394:18 400:1,10 309:13 341:2 309:13 341:2 309:13 341:2 309:34 340:9 410:21 309:13 341:3 340:9 309:34 340:9 410:21 309:13 341:3 340:9 309:34 340:9 410:21 309:13 341:3 340:9 309:34 340:9 410:21 309:13 341:3 340:9 309:34 340:9 410:21 309:33 371:3 386:9 394:18 400:1,10 309:13 340:9 410:21 309:13 340:9 420:14 309:13 410:10 3					
396:17-401:9 411:3					
421.15 426:15 probability (1) properly (7)					
probability (1) 292:8 332.7 364:17 292:8 332.7 364:17 396:2 404:10 396:2 404:10 396:2 404:10 309:11 341:5 384:17 290:4 291:11 292:6 319:10 345:15 279:21 309:13 376:23 387:0,81.2 376:23 387:2,81 279:22 394:18 395:13 279:22 394:18 395:13 279:22 394:18 395:13 279:22 311:3 17:3 20:16 311:1 4299:18 313:17 320:16 310:4 311:20.24 310:2 312:2 312:3 311:3 338:6 310:4 311:20.24 310:1 313:3 38:6 310:4 311:20.24 310:1 313:3 38:6 310:4 311:20.24 310:1 313:3 38:6 337:2 3 394:18 337:2 3 351:3 38:6 339:1 3 38:6 339:1 3 38:6 339:1 3 38:6 339:1 3 38:6 339:1 3 38:6 339:1 3 38:6 339:1 3 38:6 339:1 3 38:6 330:1 3 3			• ` ′		
79.21 39.11 39.15 79.00 19.16				The state of the s	
probably (3) 3962:2404:10 300:223 12:15 317:18 416:19 418:3 339:12,14 351:2 3309:12,14 351:2 3309:2,14 351:2 3309:2,14 351:2 3309:2,14 351:2 3309:2,14 351:2 3309:2,14 351:2 3309:2,14 351:2 3309:2,14 351:2 3309:1,14 351					
300:22 312:13 317:18 problem (4) problem (4) 309:13 341:5 384:17 399:15 problematic (2) 319:10 345:15 problems (1) 376:25 387:7.8,12 279:21 309:16 3778:12 379:21 381:8,10 procedure (1) 305:13 procedure (1) 305:13 processes (1) 276:8 2844:294:18 274:22 275:12,15 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:17 320:16 313:18 38:10 313:17 320:16 320:17 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13 320:10 330:13	343:20	292:8 332:7 364:17	299:13 300:2,8	413:24 414:3,16	308:19 330:5,13,17
problem (4) provide (16) 392:17.8;15 322:2.25 425:9 questions (5) 385:23 386:6 423:15 424:10 385:23 386:6 423:15 424:10 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:15 425:11 297:7 7 reading (2) 325:64 423:16 425:12 427:14,17 427:12 425:12 425:12 425:12 425:12 425:12 425:12 425:12 427:14,17 428:5 423:15 4243:16 427:14,17 427:14,17 4	probably (3)	396:2 404:10	302:12,15,25 309:3	416:19 418:3	339:12,14 351:2
309:11 341:5 384:17 399:16 299:9 309:13 374:20,23 375:26 335:3 398:13 410:10 432:5 problems (1) 376:25 387:7,8,12 379:21 309:16 376:25 387:7,8,12 381:23,25 387:3 389:10 297:7 readers (1) 297:7 278:14 297:8 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:15 248:1	300:22 312:13 317:18	414:25 415:13			
309:11 341:5 384:17 290:4 291:11 292:6 351:3.7,10 374:18 questions (5) 335:13 395:15 295:9 309:13 374:20,23 375:2,6 375:21 376:22,23 379:21 309:16 337:12 376:22,23 379:21 309:16 376:25 387:7,8,12 381:23,25 387:3 394:18 395:13 426:18 provided (43) 276:8 284:4 294:18 295:7,11,14 299:18 310:4 311:20.24 312:5 315:14 318:3 369:3 405:9 410:21 297:2 310:4 311:20.24 311:20.24 311:20.24 311:20.24 311:21 235:15 325:16,18 302:13 337:12 336:9 340:23 376:21 377:15 276:18 302:11,17 376:25 385:7,13 376:22 388:10 391:22 408:2 quite (7) 281:6 303:9 304:19 326:12 286:17 286:17 286:17 290:20 317:9 376:6 290:3 379:25 309:12 366:9 371:21 386:9 11 387:2,17 386:9 11 387:2,17 386:9 11 387:2,17 376:26 380:23 391:8 10 393:17 394:19 425:17 408:16 427:7 product (24) 319:6 351:19,23 337:23 provider (1) 337:23 provider (1) 337:23 379:3 308:8 337:24 403:15,16 404:5,10 404:19 406:21 408:16 427:7 product-related (2) 351:17 353:5 providing (4) 279:24 293:22 362:3 377:24 provision (1) 292:24 293:22 362:3 377:24 provision (1) 292:24 293:22 332:23 332:18 333:2,14,23 325:16 326:3 351:6 351:6 330:9 376:2 337:19 427:3 337:24 370:24 288:29 1:24,25 392:24 293:22 362:3 377:24 provision (1) 311:4 406:90:00:00:00:00:00:00:00:00:00:00:00:00:	problem (4)	provide (16)	321:7,8,15 322:2,25		385:23 386:6
395:15	309:11 341:5 384:17	290:4 291:11 292:6		questions (5)	423:15 424:10
Problematic (2) 279:21 309:16 347:11 372:25 376:22 2.23 376:22 2.23 376:22 2.23 376:22 2.35 387:3 389:10 7eading (2) 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 392:6 423:16 389:20 389:10 392:6 423:16 389:20 389:10 392:6 423:16 389:20 380:9 30:9 304:19 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 389:10 392:6 423:16 392:5 400:2 402:2 389:10 392:6 423:16 392:2 423:6 392:2 423:16 392:2 423:16 392:2 423:16 392:2 423:16 392:6 423:	395:15	295:9 309:13	374:20,23 375:2,6	335:8 398:13 410:10	432:5
279:21 309:16 347:11 372:25 379:9,11 381:8,10 389:10 389:10 297:7 reading (2) 392:6 423:16 297:7 297:13 297:					
problems (1) 376:25 387:7,8,12 394:18 395:13 405:23 421:3 405:23 421:3 405:23 421:3 405:23 421:3 405:23 421:3 405:23 421:3 405:23 421:3 391:22 408:2 pumped (1) 274:22 275:12,15 295:7,11,14 299:18 313:17 320:16 310:4 311:20,24 361:9 364:5,23 312:5 315:14 318:3 369:3 405:9 410:21 processes (1) 311:4 235:15 produce (1) 337:13 338:6 394:18 347:22 356:12 produce (5) 376:21 377:15 produce (1) 387:20 388:19 388:20 391:8,10 393:17 395:17 403:13,14 403:15,16 404:5,10 404:19 406:21 408:16 427:7 product (24) 375:25 375:9 351:18,21 362:3 377:24 product (5) 375:25 375:9 351:18,21 362:3 377:24 profuses (5) 375:23 371:19 427:3 362:3 377:24 profuses (6) 375:27 351:18,21 362:3 377:24 provision (1) 311:4 3381:23,25 387:3 405:23 421:3 405:23 421:3 405:23 421:12 405:23 425:13 405:23 421:13 405:23 421:13 405:23 421:12 408:16 427:7 product-related (2) 375:25 375:19 351:18,21 362:3 377:24 provision (1) 311:4 3381:23,25 387:3 405:23 421:3 425:15 405:24 408:2 408:2 408:2 408:2 408:2 408:2 408:2 408:2 408:2 408:2 408:2 408:10 42:6 405:23 421:10 408:10 42:6 406:21 408:10 42:6 408:10				quick (1)	
279:2 394:18 395:13 426:18 425:12 391:22 408:2 425:15 305:13 276:8 284:4 294:18 276:2 285:6 430:10 286:17 286:17 286:17 286:17 286:17 286:17 286:17 286:17 387:13 338:6 337:13 338:6 337:13 338:6 337:13 338:6 376:18 302:11,17 378:12 384:5,7 276:2 285:2 382:1 376:2 1377:15 378:12 384:5,7 384:11 386:13 295:16 296:16 276:2 290:25 309:11 288:20 391:8,10 393:17 408:10 412:6 307:6 308:15,17,19 378:12 384:5,7 378:12 384:13 352:2 335:2 337:23 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:19 378:2 388:13 314 337:2 3 378:2 388:19 378:2 388:11 378:2 38					reading (2)
procedure (1) 426:18 425:12 391:22 408:2 quite (7) Reads (1) 305:13 276:8 284:4 294:18 276:22 275:12,15 295:7,11,14 299:18 310:4 311:20,24 310:4 311:20,24 302:2 355:6 430:10 346:18 351:15,25 389:10 389:10 361:9 364:5,23 369:3 405:9 410:21 318:10,17 319:8 318:10,17 319:8 318:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:10,17 319:8 331:13 338:6 389:11 391:18 407:2 286:17 286:17 389:11 391:18 407:2 389:13 391:18 407:2 389:13 391:18 407:2 389:13 391:18 407:2 389:13 391:18 407:2 389:13 391:18 407:2 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8,12 400:2 412:8					
Description of the image of t					
process (11) 276:8 284:4 294:18 278:14 281:6 303:9 304:19 real (1) 274:22 275:12,15 313:17 320:16 310:4 311:20,24 302:2 355:6 430:10 346:18 351:15,25 389:10 313:17 320:16 310:4 311:20,24 302:2 355:6 430:10 352:3 realize (1) 369:3 405:9 410:21 318:10,17 319:8 333:8 Rabi (3) really (10) produce (1) 337:13 338:6 286:17 389:11 391:18 407:2 36:9 371:21 produced (5) 376:21 377:15 put (10) 270:4 272:4 275:9,24 400:2 412:8,12 produces (1) 387:12 384:5,7 293:20 317:9 376:6 290:8,13,25 292:7 271:12,12 431:6,7 356:6 380:23 386:9,11 387:2,17 384:11 386:13 295:16 296:16 295:16 296:16 produce (24) 394:19 425:17 425:24 312:6,23 313:20 316:7 317:3,12,15 352:25 353:7,13 335:13 337:14 337:23 317:22 318:3,13,21 337:12 337:14 337:23 316:7 317:3,12,15 309:25 310:15 31:9 316:7 317:3,12,15 309:25 310:15 31:9 309:25 310:15 31:9 309:25 310:15 31:9 <					, ,
274:22 275:12,15 310:4 311:20,24 301:2 315:14 318:3 310:4 311:20,24 312:5 315:14 318:3 318:10,17 319:8 338:10,17 319:8 338:10,17 319:8 338:10,17 319:8 338:10,17 319:8 338:8 R really (10) 286:12,24 293:21 306:9 371:21		• •			
313:17 320:16 310:4 311:20,24 302:2 355:6 430:10 punctured (1) 336:3 405:9 410:21 318:10,17 319:8 323:112,21 325:15 318:10,17 319:8 325:16,18 326:8 325:16,18 326:8 325:16,18 326:8 347:22 356:12 377:15 purpose (1) 376:21 377:15 purpose (2) 376:21 377:15 purpose (3) 378:12 384:5,7 293:20 317:9 376:6 380:23 394:19 425:17 394:19 425:17 388:8,17 394:14,19 395:17 403:13,14 403:15,16 404:5,10 404:19 406:21 406:21 406:21 406:21 406:21 406:21 406:21 product (5) 377:25 product (5) 377:24 provision (1) 311:4 306:9 332:2 336:9 337:24 professional (1) 311:4 306:9 332:4 339:12 409:10.21 409:221 427:5 427:5 292:24 293:22 342:25 342:25 362:3 377:24 provision (1) 311:4 306:9 332:4 339:12 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 419:16 421:11 422:24 293:22 322:4 347:15,17,19 322:					
361:9 364:5,23 369:3 405:9 410:21 processes (1) 325:16,18 326:8 286:17 276:18 302:11,17 378:12 384:5,7 356:6 380:23 378:20 388:19 395:17 399:20 298:5,16,23 302:12 378:20 388:19 395:17 399:20 298:5,16,23 302:12 309:25 309:11 309:388:19 378:22 356:13 319:6,23 37:14 378:23 provider (1) 337:23 provider (1) 337:24 403:15,16 404:5,10 404:19 406:21 408:16 427:7 379:25 products (5) 370:21 370:25 products (5) 370:21 370:25 providing (4) 370:23 370:21 370:24 279:24 281:15 283:16 279:24 281:15 283:16 379:25 342:19 379:25 362:3 377:24 provision (1) 311:4 306:9 332:4 339:12 409:241:11 309:23 299:6 409:241:11 388:20 391:8,10 393:17 408:10 412:6					
369:3 405:9 410:21 processes (1) 321:12,21 325:15 326:14 321:12,21 325:15 286:17 389:11 391:18 407:2 369:3 394:18 347:22 356:12 382:6,15 270:4 272:4 275:9,24 400:2 412:8,12 279:8 280:2 284:23 279:8 280:2 284:23 279:12,12 431:6,7 279:8 280:2 284:23 279:12,12 431:6,7 279:8 280:2 284:23 279:12,12 431:6,7 279:8 280:2 284:23 279:12,12 431:6,7 279:8 280:2 284:23 279:8 280:2 284:23 279:8 280:2 284:23 288:20 391:8,10 393:17 385:17 399:20 298:5,16,23 302:12 309:25 309:11 385:25 353:7,13 337:23 337:23 337:23 337:23 337:23 337:23 337:23 337:23 337:24 403:15,16 404:5,10 404:19 406:21 408:16 427:7 354:3 371:24 377:25 product-related (2) 351:17 353:5 product-felated (2) 351:17 353:5 product (5) 369:23 371:19 427:3 279:24 281:15 283:16 369:23 377:24 provision (1) 311:4 306:9 332:4 339:12 311:4 311:4 306:9 332:4 339:12 311:4 311:4 306:9 332:4 339:12 311:4 311:4 306:9 332:4 339:12 311:4 302:24 347:15,17,19 322:4 347:15,17,19 323:4 347:15,17,19 322:4 3				002.0	
processes (1) 321:12,21 325:15 gurpose (1) Rabi (3) 286:12,24 293:21 286:12,24 293:21 286:17 286:17 Rabi (3) 389:11 391:18 407:2 286:12,24 293:21 306:9 371:				R	
410:12		· ·			
produce (1) 337:13 338:6 purposes (2) Rachel (71) 385:21 399:25 400:2 412:8,12 produced (5) 376:21 377:15 put (10) 270:4 272:4 275:9,24 400:2 412:8,12 Realtine (4) 271:12,12 431:6,7 Realtine (4) 271:12,12 4					
394:18		· ·			
produced (5) 376:21 377:15 put (10) 279:8 280:2 284:23 Realtime (4) 276:18 302:11,17 378:12 384:5,7 386:9,11 387:2,17 386:9,11 387:2,17 384:11 386:13 299:8,13,25 292:7 271:12,12 431:6,7 356:6 380:23 387:20 388:19 395:17 399:20 298:5,16,23 302:12 276:20 290:25 309:11 288:20 391:8,10 393:17 408:10 412:6 307:6 308:15,17,19 309:13 432:5 319:6 351:19,23 426:23 puts (1) 312:6,23 313:20 309:25 310:15 311:9 352:25 353:7,13 352:25 353:7,13 337:23 putting (3) 317:22 318:3,13,21 309:25 310:15 311:9 395:17 403:13,14 403:15,16 404:5,10 providers (1) 357:3 371:20 383:22 319:22 320:8 319:22 320:8 408:16 427:7 354:3 371:24 provides (6) 299:13 308:8 337:22 331:9,14 325:11 330:4,13,23 325:11 330:4,13,23 321:9,10,16 325:13 351:7 353:5 providing (4) 279:24 281:15 283:16 334:7 335:10,13,17 359:23 371:19 427:3 288:2 291:24,25 335:23 339:6,17,17 389:22 397:6 362:3 377:24 provision (1) 299:11 3					
276:18 302:11,17 378:12 384:5,7 293:20 317:9 376:6 290:8,13,25 292:7 271:12,12 431:6,7 356:6 380:23 386:9,11 387:2,17 384:11 386:13 299:8,5,16,23 302:12 276:20 290:25 309:11 288:20 391:8,10 393:17 408:10 412:6 307:6 308:15,17,19 309:13 432:5 product (24) 394:19 425:17 425:24 312:6,23 313:20 309:25 310:15 311:9 351:19,23 352:25 353:7,13 377:23 provider (1) 377:20 383:22 316:7 317:3,12,15 309:25 310:15 311:9 388:8,17 394:14,19 395:17 403:13,14 403:15,16 404:5,10 404:19 406:21 404:19 406:21 354:3 371:24 377:25 quarrel (1) 325:11 330:4,13,23 321:11,18 322:22 321:11,18 322:22 321:13,14 320:21 325:16 326:3 351:6 product-related (2) 377:25 providing (4) 379:24 281:15 283:16 334:7 335:10,13,17 351:9 357:23,25 325:16 326:3 371:19 325:16 326:3 376:4 389:23 377:24 389:22 377:24 389:22 4379:22 336:9 332:4 339:12 340:7 341:19 379:24 497:5,17,19 340:3 37:29 310:3 37:23 310:3 37:24 310:3 37:24 329:24 493:22 339:22 397:6 329:24 497:15,17,19 329:24 497:15,17,19 329:24 497:1			1		
356:6 380:23 386:9,11 387:2,17 384:11 386:13 295:16 296:16 7eason (5) produces (1) 387:20 388:19 395:17 399:20 298:5,16,23 302:12 276:20 290:25 309:11 288:20 391:8,10 393:17 408:10 412:6 307:6 308:15,17,19 309:13 432:5 product (24) 394:19 425:17 426:23 puts (1) 312:6,23 313:20 309:25 310:15 311:9 352:25 353:7,13 337:23 provider (1) 292:9 316:7 317:3,12,15 309:25 310:15 311:9 388:8,17 394:14,19 337:14 provides (6) 357:3 371:20 383:22 319:22 320:8 310:3 403:15,16 404:5,10 404:19 406:21 299:13 308:8 337:22 408:16 427:7 354:3 371:24 377:25 322:25 324:16 322:25 324:16 322:25 324:16 322:25 32:13 321:3,14 320:21 313:13,14 320:21 313:13,14 320:21 3276:20 331:9,19,25 332:15 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 325:16 326:3 351:6 351:9 357:23,25 351:9 357:23,25 351:9 357:23,25 351:9 357:23,25 351:9 357:23,25 351:9 357:23,25 352:24 293:22 340:7 341:19 407:23,25 421:12 407:23,25 421:12					
produces (1) 387:20 388:19 395:17 399:20 298:5,16,23 302:12 276:20 290:25 309:11 product (24) 391:8,10 393:17 394:19 425:17 425:24 312:6,23 313:20 reasonable (6) 319:6 351:19,23 426:23 puts (1) 314:4 315:2,7,12 309:25 310:15 311:9 352:25 353:7,13 337:23 putting (3) 317:22 318:3,13,21 311:16,17,22 388:8,17 394:14,19 395:17 403:13,14 providers (1) 357:3 371:20 383:22 319:22 320:8 310:3 395:17 404:15,16 404:5,10 provides (6) Q 322:25 324:16 222:25 324:16 224:25 324:16 224:25 324:16 224:25 312:6,8,9,11 395:17 399:20 408:10 412:6 307:6 308:15,17,19 309:13 432:5 reasonable (6) 309:25 310:15 311:9 311:16,17,22 reasonably (1) 311:16,17,22 reasonably (1) 310:3 recall (23) 310:3 recall (23) 322:25 324:16 322:13 330:4,13,23 310:3 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 325:16 326:3 351:6 325:16 326:3 351:6 325:13 3					
288:20					
product (24) 394:19 425:17 425:24 312:6,23 313:20 reasonable (6) 319:6 351:19,23 426:23 puts (1) 314:4 315:2,7,12 309:25 310:15 311:9 352:25 353:7,13 337:23 putting (3) 317:22 318:3,13,21 311:16,17,22 388:8,17 394:14,19 395:17 403:13,14 providers (1) 357:3 371:20 383:22 319:22 320:8 310:3 395:17 403:13,14 provides (6) 299:13 308:8 337:22 quarrel (1) 322:25 324:16 274:25 312:6,8,9,11 408:16 427:7 354:3 371:24 276:20 331:9,19,25 332:15 321:9,10,16 325:13 product-related (2) 377:25 question (69) 332:18 333:2,14,23 325:16 326:3 351:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 407:23,25 421:12 professional (1) 31:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19					
319:6 351:19,23 352:25 353:7,13 354:5 387:13,14 388:8,17 394:14,19 395:17 403:13,14 403:15,16 404:5,10 404:19 406:21 408:16 427:7 product-related (2) 351:17 353:5 products (5) 275:9 351:18,21 362:3 377:24 professional (1) 426:23 provider (1) 292:9 putting (3) 316:7 317:3,12,15 317:22 318:3,13,21 319:22 320:8 319:22 320:8 319:22 320:8 321:11,18 322:22 322:25 324:16 325:11 330:4,13,23 325:11 330:4,13,23 325:11 330:4,13,23 325:11 330:4,13,23 325:11 330:4,13,23 325:16 326:3 351:6 326:3 377:24 369:23 371:19 427:3 296:11 304:20,21 316:7 317:3,12,15 311:16,17,22 reasonably (1) 311:4 311:4 315:2,7,12 311:16,17,22 reasonably (1) 311:4 310:3 311:16,17,22 reasonably (1) 311:4,315:2,7,12 311:16,17,22 reasonably (1) 311:4,315:2,7,12 311:16,17,22 reasonably (1) 311:4,131:9 311:16,17,22 reasonably (1) 311:4,313:13,14 320:21 322:25 324:16 325:11 330:4,13,23 325:11 330:4,13,23 325:16 326:3 351:6 325:16 326:3 351:6 325:16 326:3 351:6 325:13 332:14,23 325:16 326:3 351:6 326:3 377:24 327:24 291:24,25 328:2 291:24,25 329:24 293:22 340:7 341:19 342:25 416:8 419:5 322:4 347:15,17,19					
352:25 353:7,13 provider (1) 292:9 316:7 317:3,12,15 311:16,17,22 354:5 387:13,14 337:23 putting (3) 317:22 318:3,13,21 310:3 388:8,17 394:14,19 providers (1) 337:14 357:3 371:20 383:22 319:22 320:8 310:3 403:15,16 404:5,10 provides (6) Q 32:25 324:16 274:25 312:6,8,9,11 404:19 406:21 299:13 308:8 337:24 quarrel (1) 325:11 330:4,13,23 313:13,14 320:21 408:16 427:7 354:3 371:24 276:20 331:9,19,25 332:15 321:9,10,16 325:13 product-related (2) 377:25 question (69) 332:18 333:2,14,23 325:16 326:3 351:6 351:17 353:5 providing (4) 279:24 281:15 283:16 335:23 339:6,17,17 389:22 397:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 407:23,25 421:12 professional (1) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19				*	
354:5 387:13,14 388:8,17 394:14,19 395:17 403:13,14 403:15,16 404:5,10 404:19 406:21 408:16 427:7 product-related (2) 351:17 353:5 products (5) 275:9 351:18,21 362:3 377:24 professional (1) 337:23 putting (3) 357:3 371:20 383:22 357:3 371:20 383:22 357:3 371:20 383:22 357:3 371:20 383:22 317:22 318:3,13,21 319:22 320:8 321:11,18 322:22 322:25 324:16 325:11 330:4,13,23 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 321:9,10,16 325:13 325:16 326:3 351:6 334:7 335:10,13,17 351:20 383:22 322:25 324:16 325:11 330:4,13,23 321:9,10,16 325:13 321:9,10,16 325:13 325:16 326:3 351:6 334:7 335:10,13,17 351:9 357:23,25 340:7 341:19 340:7 341:19 342:25 416:8 419:5 342:25 416:8 419:5 342:24 347:15,17,19	*		- ' '		
388:8,17 394:14,19 providers (1) 357:3 371:20 383:22 319:22 320:8 310:3 395:17 403:13,14 provides (6) Q 321:11,18 322:22 310:3 408:16 404:5,10 provides (6) Q 32:25 324:16 274:25 312:6,8,9,11 408:16 427:7 354:3 371:24 276:20 331:9,19,25 332:15 321:9,10,16 325:13 product-related (2) 377:25 question (69) 332:18 333:2,14,23 325:16 326:3 351:6 351:17 353:5 providing (4) 279:24 281:15 283:16 335:23 339:6,17,17 389:22 397:6 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 recall (23) 274:25 312:6,8,9,11 331:9,19,25 332:15 332:18 333:2,14,23 335:19,30:4,13,23 335:19,30:4,13,23 336:333:19,19,25 332:15 335:10,13,17					
395:17 403:13,14 403:15,16 404:5,10 404:19 406:21 408:16 427:7 product-related (2) 351:17 353:5 products (5) 275:9 351:18,21 362:3 377:24 professional (1) 337:14					
403:15,16 404:5,10 provides (6) Q 322:25 324:16 274:25 312:6,8,9,11 404:19 406:21 299:13 308:8 337:22 quarrel (1) 325:11 330:4,13,23 313:13,14 320:21 408:16 427:7 354:3 371:24 276:20 331:9,19,25 332:15 321:9,10,16 325:13 product-related (2) 377:25 question (69) 332:18 333:2,14,23 325:16 326:3 351:6 351:17 353:5 providing (4) 279:24 281:15 283:16 334:7 335:10,13,17 351:9 357:23,25 products (5) 369:23 371:19 427:3 288:2 291:24,25 335:23 339:6,17,17 389:22 397:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) professional (1) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19			357:3 371:20 383:22		
404:19 406:21 408:16 427:7 product-related (2) 351:17 353:5 products (5) 275:9 351:18,21 362:3 377:24 professional (1) 299:13 308:8 337:22 299:13 308:8 337:22 299:13 308:8 337:22 276:20 325:11 330:4,13,23 321:9,19,25 332:15 321:9,10,16 325:13 325:16 326:3 351:6 325:13 33:2,14,23 325:16 326:3 351:6 325:13 33:13,14 320:21 325:13 30:4,13,23 325:16 326:3 351:6 325:13 33:13,14 320:21 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 325:13 30:4,13,23 325:16 326:3 351:6 326:3 377:24 327:24 281:15 283:16 326:3 377:24 327:24 293:22 340:7 341:19 407:23,25 421:12 326:3 377:24				-	
408:16 427:7 354:3 371:24 276:20 331:9,19,25 332:15 321:9,10,16 325:13 product-related (2) 377:25 question (69) 332:18 333:2,14,23 325:16 326:3 351:6 351:17 353:5 providing (4) 279:24 281:15 283:16 334:7 335:10,13,17 351:9 357:23,25 products (5) 369:23 371:19 427:3 288:2 291:24,25 335:23 339:6,17,17 389:22 397:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19	, , , , , , , , , , , , , , , , , , ,				
product-related (2) 377:25 question (69) 332:18 333:2,14,23 325:16 326:3 351:6 351:17 353:5 providing (4) 279:24 281:15 283:16 334:7 335:10,13,17 351:9 357:23,25 products (5) 369:23 371:19 427:3 288:2 291:24,25 335:23 339:6,17,17 389:22 397:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19					
351:17 353:5 providing (4) 279:24 281:15 283:16 334:7 335:10,13,17 351:9 357:23,25 products (5) 369:23 371:19 427:3 288:2 291:24,25 335:23 339:6,17,17 389:22 397:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19					
products (5) 369:23 371:19 427:3 288:2 291:24,25 335:23 339:6,17,17 389:22 397:6 275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19	_				
275:9 351:18,21 427:5 292:24 293:22 340:7 341:19 407:23,25 421:12 362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) professional (1) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19					The state of the s
362:3 377:24 provision (1) 296:11 304:20,21 342:25 416:8 419:5 receive (4) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19			1		
professional (1) 311:4 306:9 332:4 339:12 419:16 421:11 322:4 347:15,17,19					
		_			
403:24 public (8) 339:15 340:13,19 430:12 received (9)		=			
	403:24	public (8)	339:15 340:13,19	430:12	received (9)
		<u>l</u>	<u> </u>	<u>l</u>	<u>l</u>

				1496 11
221,25 222.0 11	204.2	420.22 422.16	265.0 260.17	204.2 7 14 16 22 25
321:25 322:9,11	394:2	420:22 423:16	365:9 368:17	304:2,7,14,16,23,25
356:10,15,23 357:6	Registered (2)	424:13	370:11 372:7	307:22 310:21
381:21 425:15	271:11 431:6	remem (1)	380:10 383:20	311:3,14 312:24
recess (5)	regress (2)	393:15	391:4 398:8,14,17	313:16 314:8,8,20
277:12 334:24 363:5	426:13,14	remember (6)	398:21 402:16	315:3 316:4 317:10
385:8 402:8	regular (1)	307:21,25 308:12	410:15 430:20	318:11 320:17
recognize (1)	316:17	321:13 357:2	reported (3)	323:20,23 324:12
396:8	regulation (2)	391:21	270:24 277:21 333:2	324:22,25 326:22
recognizes (1)	394:4,6	removal (4)	reporter (44)	326:25 327:3,14,21
352:22	regulations (3)	275:20 303:14 326:21	271:11,12,13,14,16	327:22 328:5,15,23
recommended (1)	393:2,10 410:11	328:15	282:3,12 289:11,18	329:4 330:25 332:7
393:16	regulatory (1)	remove (12)	292:21 300:6,25	333:5,7 335:11,19
record (15)	409:9	281:3 285:10,13	301:15,18 302:6	336:8 338:19 339:3
277:8,11 302:20,21	reinforce (3)	288:6 296:2 298:21	305:24 319:18,25	339:8,19 340:9,16
334:22 335:3	426:18 427:7,9	304:9 315:3 327:20	323:18 324:4,5,20	340:17 341:8,9,13
339:13 373:23	reinforced (4)	348:15 358:21	325:4 327:8 339:14	341:19 342:7,25
376:7 385:11,16	319:15 426:6,8,10	408:17	343:16 352:5	344:5 346:6 348:16
386:5 402:6 413:3	reinforces (1)	removed (20)	362:19 373:17	350:22 356:21
431:12	426:23	275:22 277:21 278:5	385:13,17 386:6	358:19,22,25 359:3
recorded (1)			413:20 427:23,24	359:8,11,13,23
297:18	related (17) 295:13 308:21 339:10	278:15,17,19 279:11 280:4 291:3	428:4,8,11 429:4,6	360:3,8,15 361:15
records (2)	339:21 340:12	295:20 296:16	431:6,6,7,8	361:18 363:15,22
396:10 420:17	371:19,21 372:4,25	303:25 304:15,24	REPORTING (1)	364:5,22,24 365:12
rectification (1)	376:15 378:20	327:2 340:8,16	272:21	365:18 366:20
347:10	379:6 389:18	341:4,9,13	represent (3)	367:4 368:3,23
redo (2)	390:16 396:11,24	removes (1)	302:21 320:5 355:13	369:5 370:17,22
346:20 416:4	431:15	365:23	representation (2)	371:4 372:9,10,20
reduced (1)	relates (2)	removing (10)	303:2 410:25	373:2,9,14 374:10
431:13	303:14 369:4	287:2 297:23 312:23	representative (6)	374:14,21,23 375:3
refer (2)	relating (1)	317:10 320:17	279:4 354:11 355:5	375:8,22 376:14,16
358:16 383:4	304:6	342:6 356:21	355:10,19 407:12	376:19 377:11
reference (3)	relationship (1)	368:24 369:6	represents (1)	378:21,22 379:3,11
350:5 352:25 369:19	288:11	420:14	359:6	381:10,24 382:6,7,8
referenced (1)	relative (1)	rendered (1)	request (1)	382:14,16,22,24
350:11	364:4	290:6	289:23	383:4,5 384:7
referencing (3)	relatively (1)	repeat (1)	required (3)	386:10 387:13,25
282:24 354:24 355:24	424:16	419:24	329:16 393:11 411:11	388:7,11,12,21
referred (2)	relevant (1)	repeated (1)	requirements (1)	391:2 394:15 396:3
381:22 382:14	396:24	360:10	404:3	396:5,6,19 399:7,12
referring (6)	reliance (1)	repetitive (1)	requiring (1)	399:14 400:10
283:5 354:14 364:7	309:23	319:12	393:15	401:14 403:2
382:5,23 424:12	relied (9)	rephrase (7)	research (2)	404:21,23 405:3,13
refers (1)	298:3 351:13 352:14	283:17 310:13 335:15	354:8,23	405:18,20,22 406:5
381:8	352:15 387:18	340:6,13 344:21	reservoir (223)	406:8,17,18 408:13
regard (3)	409:5 414:23	353:23	275:13,21,22 277:21	408:15,18 410:20
315:16 369:3 373:8	424:10 425:19	report (41)	277:23 278:4,14,16	411:16,22 413:14
regarding (13)	rely (11)	274:25 282:5,15,16	278:17 279:9,11,19	414:12 418:9,11,13
285:25 297:13 308:17	299:25 306:16 310:3	289:10,14,21	280:3,23 281:3	418:24 419:5,7,8,10
313:15 322:19	310:7,16 311:10	293:25 299:23	284:25 285:10,14	419:17,19 420:15
328:10 335:10	384:6 386:9 387:2	309:2 310:24 323:3	287:3,3,20 288:6,7	421:5,8 424:11
345:16 350:21	406:22 415:21	328:17 329:19	288:12 290:6 291:3	425:13 430:15,22
373:4 387:13	relying (13)	330:2 331:4 336:16	291:3,14,16,21	reservoir's (1)
398:16 410:10	283:13 290:14 296:23	336:17 339:2	292:9,12 295:19,20	310:19
regards (2)		342:22 350:4,5	296:8,16,17 297:4,5	reservoirs (3)
308:15 353:5	310:11 311:7,18	358:18 360:10	297:7,15,23 298:21	325:12 357:22 427:4
	388:20 400:17	363:13 364:7,10	299:7 303:15,18,25	resources (1)
Register (1)	408:5 418:16	JUJ.13 JU 4 ./,10	499.1 303.13,10,43	10001000 (1)
			I	I

				_
422:10	222.14.16.222.12		202.5 21 204.10	205.17.206.22
	332:14,16 333:13	saying (18)	303:5,21 304:10	295:17 296:23
respect (16)	336:11 338:13	288:9 296:2 321:24	336:21 337:8 340:6	303:16 304:18
312:23 313:11 321:10	340:5 345:20	357:2 359:5 361:20	349:6,25 357:20	310:21 311:7
364:21 369:19	348:25 350:3 355:7	361:21 390:13	358:2 362:6 364:14	313:16 332:6
371:24 377:13,15	358:14 359:19	392:10,12,16 403:5	368:25 374:3	333:12,22 347:21
378:12 397:25	360:9 361:5,6,12	403:11 406:9,14,19	379:11 381:6,10,15	349:8,21 354:19
410:2,9 411:22	363:17 366:2,23	417:13 423:3	381:16,18 389:9	355:17,17 369:15
414:12 421:14	367:15 370:6 372:5	says (14)	421:20 422:23	369:24 370:7,9,17
425:11	373:11 377:17	276:19 286:20 304:6	423:21	370:20,23 371:4,15
respond (1)	378:14 380:14,19	305:2,9,17 347:23	seeing (2)	371:18,23 372:13
414:17	381:3 383:23	365:9,16 395:10	280:18 362:8	372:21 373:10
responsibility (6)	384:12 385:18	399:3 402:17	seen (15)	375:11,14,25 376:5
387:7,16 388:18,23	388:4,25 389:5	408:11 423:23	276:5 318:7,9 320:10	376:13,19 378:5,7
414:20,24	390:8 391:11,25	school (1)	320:11,15 324:8	378:10,16,21 379:2
responsive (1)	397:8 398:11 399:3	323:2	337:4,5 359:4	379:5,8,10 380:9,13
397:11	399:9,14,16 400:25	Schultz (63)	374:25 419:5	380:17 381:8,9,20
rest (1)	403:19 414:14	272:7 273:7,16,18	420:19 423:23	381:22,23,24 382:9
305:14	416:13,24 417:13	276:25 277:7,15	424:6	382:12,14,16 383:3
restating (1)	421:18 422:18	281:13,19 282:3,13	selected (1)	383:11,13,17
281:5	425:5 426:20	289:7,11,19 292:2	422:17	388:12 390:25
result (6)	427:12,13 429:9	292:25 293:4 300:6	Self-Help (3)	391:20,23 392:5
291:5 296:18 345:6	right-handed (1)	300:13,19 301:8,10	323:19,22 430:14	394:23,25 395:2,4
362:6 410:17	286:5	301:13,17,21 302:8	send (1)	395:14 398:14
418:22	risk (13)	310:12 319:18	314:14	399:7 400:14 401:6
resulting (1)	391:3,12 392:2,18,19	323:17 324:20	sending (1)	401:7,19,20 402:25
399:4	393:24,25 407:15	325:5 326:6,10,16	390:24	403:17 404:20
retread (1)	411:21 413:9,12	326:18 327:9	sense (2)	405:8,12,20 406:5,8
274:24	414:10 415:6	334:16,19 335:6	345:8 347:6	406:17 407:24
reverse (2)	Road (1)	340:5 344:20	sent (3)	408:3,14 411:23
285:21 286:2	272:16	353:22 358:4	337:13 338:11 380:5	413:14 414:13
review (3)	role (1)	362:17 363:3,10	sentence (7)	421:4 425:14 427:3
354:16 357:17 423:15	375:20	373:20,24 397:9	283:9 305:2,9,22	427:8 431:12,17
reviewed (18)	rule (2)	400:7 412:16,20	306:12 364:13	sets (8)
274:5,6,13 321:18,21	293:17 343:18	421:23 423:6	365:14	311:5 330:11 354:10
321:25 322:2,5,11	run (1)	427:16,22,25 428:6	separate (1)	355:6 371:6 399:22
324:16 337:16	422:10	428:10 429:3,8	377:19	418:6 427:4
370:6 371:3 380:10	Rx (2)	430:5,6	September (7)	Seventh (1)
391:12 392:3,19	324:25 430:22	screen (1)	270:16 271:5 273:10	272:9
400:3		379:15	335:4 385:11	severe (1)
reviewers (1)	S	sealed (1)	402:11 431:18	286:12
393:22	S (1)	333:7	sequence (1)	severity (1)
Reviewing (3)	430:7	search (2)	296:3	309:17
370:15 391:16 393:20	SA (2)	351:16 368:8	serious (1)	sheet (6)
revisit (1)	270:10 272:17	second (10)	279:21	296:22 318:4,8,15
274:23	safely (1)	276:24 278:21,21	service (2)	330:24 432:1
ridiculous (1)	404:10	279:25 282:21	396:10,22	shift (1)
384:25	safety (1)	286:7 300:15	Services (1)	299:20
right (80)	393:23	336:18 364:12,13	278:23	shifted (1)
274:18 275:25 283:20	sample (1)	seconds (1)	session (2)	370:3
284:7,11 285:10,13	279:4	373:24	309:8,15	shipped (16)
285:20 289:4 294:9	Sapio (4)	section (6)	sessions (4)	275:9,24 279:8 280:2
300:3,5 301:4,7,11	270:24 271:10 431:6	303:6,13,17 309:4	309:8 312:17 313:21	282:20 283:10
301:20 302:9	431:21	310:24 353:9	314:5	284:22 302:23,24
305:21 315:19	saw (5)	see (29)	set (106)	320:7,8 321:7
322:20 323:11	296:2 336:8 368:11	274:14 276:25 290:10	279:24 283:10 284:9	325:11,19 370:7
324:11,15,18	368:12,13	295:24 300:20	290:7 291:14,21	376:23
321.11,13,10	300.12,13		2,0., 2,1.1 1,21	
	•	•	•	•

	I	I		I
shipping (1)	skin (2)	325:22 327:4,9	SRU (1)	304:8
386:23	371:20 379:5	331:3,24 334:16	270:7	stream (2)
short (2)	SKLARSKY (88)	335:22 340:3	ss (1)	372:18 403:15
334:18 410:4	272:2 277:5 281:4,17	343:13,16 346:21	431:4	Street (3)
shorter (1)	291:23 292:23	352:3,7,7 357:12,14	stand (1)	270:15 271:9 272:9
308:10	293:3,7 296:9 298:8	357:16 359:8	398:18	stressed (2)
show (2)	300:10,12,14 301:3	360:14 364:6 365:2	standard (1)	309:20 329:3
280:14 320:16	301:9,16,20,22	367:2 371:10	355:13	strike (6)
showed (5)	303:9 308:23 310:6	373:16 374:4	standards (1)	289:6 299:10,11
313:20 314:7,10	310:9 318:16,18	379:24 382:10	393:10	311:12 316:12
315:2 365:11	322:6 323:6 324:3	383:11 384:23	start (2)	418:6
showing (4)	325:23,25 326:9,13	386:3 389:15 393:8	327:10 373:12	strong (2)
280:23 297:20 329:6	331:7 334:15,17	394:5 395:16 405:6	started (4)	285:19 286:5
368:2	339:11,23 344:9,11	406:2 409:14,23	274:2 402:24 403:25	studies (17)
shown (2)	344:13 345:9	412:21 419:24	421:3	275:14 276:17 277:17
281:12 420:16	353:18 362:15,18	421:9	starting (5)	282:25 284:5,18
shows (4)	362:20,23 363:2	sort (1)	315:17,20,22,22	391:21 403:3,8,9
280:14 288:8 303:24	365:2 376:6 379:20	344:23	412:24	405:17 406:4,11
328:21	379:24 380:5,7	sound (2)	starts (1)	407:25 422:14,25
sic (2)	384:15,20,22	373:18 400:22	316:10	423:13
333:17 419:8	385:21 398:3,8,11	sounds (1)	state (4)	study (26)
side (1)	399:24 407:4,19	344:15	271:16 295:22 368:22	275:4,4 277:20 278:3
280:6	409:11,16 410:23	source (2)	431:8	278:22 282:22
sideways (5)	411:25 412:5,11,19	362:13 420:6	stated (3)	284:2,3 354:13,15
365:18 366:10,18	413:2,15,19,22	sources (4)	306:12 336:22 397:24	403:21 406:16
367:22 368:4	414:6,14 415:14,19	423:14 424:22 425:10	statement (3)	407:15 413:10,13
	416:15,20 417:7	425:19	283:3 322:14 413:6	414:10,10 415:5,6
Signature (1) 432:21	420:8 423:17 425:3	South (1)		422:4,6,15,17,22
significant (1)	425:8,22 427:19	272:9	statements (1) 284:15	423:4,23
342:9	429:2,9	speaking (4)	States (5)	stumbling (1)
Silhouette (5)	Skype (1)	292:22 305:25 352:6	270:2 271:14,17	312:19
369:15 370:8 371:15	412:23	413:21	431:7,9	sub-step (1)
381:22 382:13	small (1)	SPECIALIST (1)	stating (1)	328:21
similar (4)	305:12	272:21	420:20	subject (3)
337:12 338:18,23	social (1)	specific (11)	stay (1)	284:14 397:4,6
424:2	353:3	302:23 308:8,11	349:21	subjects (1)
	society (1)	345:3,15,16 352:24		275:7
simple (1)	352:22	376:12 402:20	step (26)	submission (1)
288:2	sold (1)		280:14,20,23 287:6	, ,
simplest (2)	372:17	416:18 424:7 specifically (14)	287:18,19 288:19	407:22
384:9 386:13	somebody (3)	321:20 322:8 352:11	297:9 299:5 303:20	submitted (5) 369:16 391:13 392:4
simultaneous (4)	288:8 294:18 329:12	367:7 370:23	303:23 304:6 313:15 326:21,21	393:13 407:18
292:22 305:25 352:6	somewhat (2)	372:13 375:24	· · · · · · · · · · · · · · · · · · ·	393:13 407:18 Subscribed (2)
413:21	296:10,11	376:4 378:9,14	327:25 328:20,23	429:20 432:22
single (1)	soon (4)	411:12 425:13,21	328:24,25 329:3,4	subsequently (1)
280:20	308:3 425:7 426:22	426:7	329:10 336:22	1 0 1
sir (5)	428:6	spilled (2)	340:18 369:4	366:10
368:18 376:10 409:20	sor (1)	333:24 334:3	steps (10)	substance (2) 338:6 399:19
414:19 416:22	325:20		279:16 280:8,8,21	
sit (2)		spilling (3) 333:3,21 357:21	286:11 287:2,17	successfully (2)
313:18 323:5	sorry (58)	The state of the s	292:7 404:5 411:11	332:5,6
sitting (1)	273:10 276:10,12	spoke (2)	stop (1)	suffer (1)
280:15	277:9 283:7 291:8	274:7,11	276:24	349:8
six (5)	292:2,5,25 299:10	spun-off (1)	storyboard (4)	suffered (2)
333:2,12,22,25 334:4	303:7 306:2,3	353:9	323:19,22 324:12	290:21 420:13
skills (2)	310:23 312:19	squirt (1)	430:14	sugar (6)
285:24,25	314:25 321:2	341:15	straight (1)	345:24 346:7,15
	<u> </u>	I	I	<u> </u>

347:2,24 349:22	395:8 402:25 404:3	tells (8)	414:4,5,18,19 415:7	374:8 377:12 380:4
suggest (3)	411:23	294:10 346:24 366:6	419:12,13 420:7	382:20 383:2
298:22 375:2 395:9	411.23	366:6,6,6,25 367:3	421:2 431:12	384:16 389:25
Suite (2)	T	temporarily (2)	testimony's (1)	392:7 399:20,25
270:15 271:9	T (3)	291:2 345:22	392:15	400:4 405:21,23
summary (2)	295:4 332:8 430:7	temporary (3)	testing (12)	412:12 418:2 419:2
275:10 295:10	table (10)	397:3,15,19	275:19 391:19 392:22	422:8 423:5 428:10
supplemental (4)	275:21 278:4,12,13	ten (2)	402:18,21 403:7	third (1)
282:5,16 350:4	278:18,19 279:10	295:17 422:21	406:20 407:23	416:5
364:10	280:3,15,25	tend (1)	408:23,24 410:18	THOMPSON (1)
support (1)	take (14)	348:9	411:9	272:14
284:14	288:5 315:17 334:14	tendencies (1)	text (3)	thought (12)
supporting (1)	334:17 348:15	368:14	297:10 304:5 327:24	291:8,24 293:6,9
298:11	360:18 366:19	tendency (2)	thank (30)	323:12 332:6
supposed (2)	380:6,8 385:2,5	319:13 426:10	273:22 282:7,13	359:17 360:11,12
366:19 367:4	402:2 427:25	terms (10)	289:19 300:9	361:9,13 416:16
supposedly (1)	429:10	321:17 322:20 323:4	301:21 302:5 324:2	three (6)
333:14	takes (1)	323:8 334:13	325:3,5 334:20	348:3,7,9 349:15,23
sure (53)	358:24	382:23 384:3 412:3	358:4,14 385:5	426:25
281:5 282:17 283:18	talk (1)	417:21 422:20	402:3,4 403:10	time (59)
283:19 285:19	336:11	terrible (1)	409:19 415:2 416:6	273:11 275:5,14
293:15 299:16	talked (6)	287:8	421:20 423:7 425:8	277:11 278:4
307:2 313:7 319:5	285:15 305:14 312:13	test (3)	427:14,15,17,18	279:10 285:16
325:6 326:7 327:20	368:5,16 419:15	275:7 276:5 409:2	428:9 429:7,8	295:16 296:18
328:12 329:18,20	talking (17)	tested (7)	Thanks (2)	307:17,21 315:14
331:6 333:5 334:19	274:20 282:19 365:15	275:12,13 276:14,16	427:19,21	319:12 330:24
341:25 344:24	366:23 374:21	278:10 283:11	thereabouts (1)	331:23 334:23
345:14,19 346:18	384:19 387:23	406:6	277:18	335:5,12,18,21
347:23 352:2,10	389:2 397:3 399:10	testified (22)	thereof (1)	338:9,14 341:20
361:4 364:8 365:8	402:15 403:17	273:14 313:3 317:22	375:21	342:25 346:23
367:8 371:12 373:3	404:19,20 405:11	321:11,20 330:16	they'd (1)	351:7,11 359:24
380:11 381:6	405:12 411:16	330:20,22 331:9	287:5	360:21 370:5 371:7
382:11 384:5 386:8	talks (1)	332:15,18,25	thing (9)	371:11 375:16
387:4,6,9 390:7	358:17	333:11,20 334:7	281:7 311:22 315:25	380:18 385:7,12
395:8 405:10	task (9)	335:13,16,23	321:10 348:25	390:3,17,19 391:14
406:24 408:10	279:2 308:9,11	391:18 398:6,10	391:17 397:14	392:4 393:12
410:7 411:18	368:17 402:24	412:7	423:20 427:5	395:24 400:20
414:24 415:10,22	405:21 424:2,16	testify (1)	things (9)	402:7,12 407:17
417:25 422:20	426:20	392:12	276:23 284:24 287:23	419:16,16 420:18 421:2 424:15 426:6
surf (1) 351:16	tasks (3)	testifying (5)	309:21 328:4,13,18	426:9,10 427:6,8
surface (1)	331:11 423:25 424:2	290:24 312:9,11	368:3 421:19	420:9,10 427:0,8
275:21	team (1) 353:9	401:11 409:9 testimony (51)	think (57) 274:17 275:2,18	times (5)
Susan (3)	Technical (5)	274:14,15,24 281:5	277:3 284:12	412:13 415:20 420:12
283:4,13,20	384:14 393:4 394:9	283:3,8,13,20	285:22 293:18	423:14 424:9
suspect (1)	412:10 424:25	284:13,19 295:25	296:10 297:19,25	title (1)
288:3	tell (17)	298:15 307:16,23	298:18 300:23	303:17
sworn (5)	286:8 287:11 305:19	308:16 317:15	301:3,4,6,11 312:4	today (7)
273:4,13 429:20	309:5 327:17	318:20 321:13	313:4 316:2,10	274:7 313:18 323:5
431:12 432:22	345:14 361:11	322:18 326:3 330:8	326:10 328:16	324:9 350:10 410:7
system (22)	362:2 364:9 367:10	330:13,21 332:9,22	330:15,20 342:19	411:3
372:17,22 373:6	370:19 375:18,23	335:25 336:3,7,10	345:17 346:8,19	told (4)
376:19,21 379:11	388:4 392:25	387:11 389:8 390:9	348:22 355:20	300:25 333:24 363:10
381:10,24 386:21	402:20 426:3	391:23 392:17,18	357:3 358:5 362:14	366:15
388:13,14,14,16,17	telling (1)	392:19 408:5,6	363:10 367:8,12	tool (1)
390:18,21,22 395:5	306:10	410:25 411:5 413:8	372:15 373:17	309:7
, ,				

		_		_
top (20)	364:4,22,25 365:13	ultimate (1)	405:10 408:15	410:16 411:24
279:19 291:16 292:9	365:17,23 366:9,11	389:22	421:12	413:11 414:8 415:7
	/ /		understands (3)	427:2
292:12 297:8,14	366:20 367:5,21	ultimately (1)		
299:6 311:2 314:20	368:25 369:6 396:4	397:5	340:2 414:16 423:21	Unomedical's (9)
328:5 338:19 341:8	410:20 418:10,14	unclarity (1)	understood (5)	290:3,3 299:16
341:19 342:25	419:9,18 421:5,8	296:6	307:17 318:14 322:16	375:20 379:8
346:5 360:23 368:5	transferred (2)	unclear (1)	375:17 378:24	387:14 388:8
399:11 400:9	278:16 328:6	310:10	undertaken (1)	402:17 408:16
401:14	trial (1)	uncontrolled (2)	274:22	Unomedical/Medtr
topic (7)	383:9	290:16 293:13	unexpected (1)	420:17
295:13 299:21 308:17	tried (2)	under-delivery (6)	293:13	unreasonable (2)
318:21 335:8	287:23 376:11	346:11 347:9,16,18	Unfortunately (1)	299:24 306:15
409:22,24	trouble (1)	347:20 348:4	317:16	unreasonably (3)
topics (2)	344:19	under-dispensing (1)	unintended (1)	290:5,7 395:18
409:25 410:3	true (4)	411:7	399:4	upright (2)
tops (1)	313:22 321:22 355:8	underneath (1)	unit (7)	341:12 408:18
357:21	431:12	418:13	358:20,23,24 359:13	upside (3)
totality (2)	try (5)	underside (4)	363:20 365:19	363:20 366:7,17
280:20 297:25	308:12 344:20 346:22	291:17 328:6 340:23	366:7	usability (27)
traditional (1)	376:2 420:9	348:18	United (3)	275:4 276:16 277:17
329:11	trying (13)	understand (53)	270:2 271:14 431:7	278:3 282:21 284:2
trailed (2)	283:18 284:17 306:5	283:16 284:17 286:4	units (1)	284:2,3,18 403:3,9
353:21 384:16	315:24 347:7	292:18 299:22	333:7	403:10,21 405:16
train (2)	364:17 365:7	304:20 305:23	unknown (2)	406:4,11,16 407:15
293:9 299:3	366:22 367:22,24	306:7,17 307:14	290:17,19	408:24 411:20
trained (6)	368:15 377:5 414:4	308:24 315:7	unnatural (1)	413:10,13 414:9
298:24 299:18 312:22	TSG (1)	318:14,19 330:19	329:10	415:5 422:4,14,15
314:4 350:20,21	272:21	331:14,22 332:2,16	Uno (1)	use (27)
trainer (2)	tube (1)	340:4,14 344:10	299:8	275:3,4 276:11 285:6
298:25 314:16	338:19	345:11 359:5,20	Unomedic (1)	285:13 287:10
trainers (4)	tubing (2)	365:9 369:12	415:4	288:9 291:13
299:4,18 309:20	347:20 375:12	370:20 372:6	Unomedical (84)	311:14 319:6
314:15	turn (5)	373:12 374:9,12,16	270:10,11 272:17,17	326:15 330:18
training (33)	289:9,20 303:4 304:7	375:5,10 377:8,18	288:15 299:2,13	335:11 351:4,19
299:13 309:7 311:8	350:3	377:20,21 379:8	310:22 311:9,17	352:22 362:3 387:5
312:6,25 313:12,21	turned (2)	382:21 383:24,25	316:10 369:8,13,18	391:20 393:23
314:5 315:14 318:5	366:10 367:21	388:10 389:20	369:23 370:4	404:5,10 407:24
319:2,5,6,9,10,12	two (16)	401:10 404:17,24	372:18 373:13	417:22 424:18
319:14,15 322:21	272:15 312:17 348:19	405:15 406:25	374:9,13,17 375:2,5	425:12 427:6
323:9 324:13	349:15,18,18,22	415:7 420:9 422:18	375:11 376:18,24	user (71)
350:23 362:7,12	355:14 365:16	understanding (41)	377:14,19,24	279:4 281:2 285:5
425:15 426:4,9,11	373:24 377:21	280:20 285:11 293:10	378:11,18 380:24	287:4,10 288:18
426:17,22,23 427:8	395:20 419:20	295:5 296:20	382:5,19,23 383:10	294:10,11,25
427:9	421:9 422:13	299:12,15 309:6	383:20 384:2,13	297:11,11 300:2,8
transcript (4)	426:24	312:16 313:7,9	385:19 386:17,22	302:2,11,22 303:5,6
274:6 301:19 428:2	typ (1)	330:4,6,17 331:16	386:22 387:12	303:13 304:23
428:13	294:14	332:4 333:10,16,20	388:5,10 389:6,17	305:6 306:11,16,19
transfer (48)	type (1)	333:23 336:6	390:9,14,24 391:12	306:20,22 307:7,10
278:5,13,17 288:6	423:4	338:16 341:11	392:2 393:11	308:21 309:3,5,25
297:24 304:7,9,24	typewriting (1)	344:17 346:19	394:17,21 395:6,12	310:17,19 311:6,6
327:2,15,21 333:8	431:13	363:24 364:16	395:25 396:16,21	311:10 316:17
339:9,20 340:16	typically (5)	369:10 371:5	397:25 398:17,21	328:3,14 342:10
341:13 342:7,8	285:22 286:4 294:17	375:19 378:23	402:22 403:6,21	346:25 347:22
356:21 358:25	308:9 426:7	380:15 389:6	405:2,7 406:10,15	348:4,8,21 349:20
359:11,23 360:3,15		392:24 394:7	406:19 407:16	351:3,7,10 353:12
361:15,18 363:22	U	396:16,20 397:13	408:7,12,24 409:2,4	355:11 356:15
		l		l

				Page 19
	l	l	l	l
365:17,22 366:5	341:10,12,14,16	viewed (5)	398:1 399:1 400:1	324:1 325:1 326:1
368:23 379:9,9	342:8 348:15,16	283:15 322:15,16,23	401:1 402:1,14	327:1 328:1 329:1
381:8,8,23 382:5,24	358:24 359:3,8,9,22	323:10	403:1 404:1 405:1	330:1 331:1 332:1
396:18 399:12	360:2,8,14 361:14	viewer (5)	406:1 407:1,8 408:1	333:1 334:1 335:1
417:23,24 423:14	361:17 363:21	363:19 366:5,25	409:1 410:1 411:1	336:1 337:1 338:1
424:16 430:10	364:4,21,24 365:12	367:3,10	412:1,25 413:1	339:1 340:1 341:1
users (16)	365:17,23 366:8,11	viewers (1)	414:1 415:1 416:1,7	342:1 343:1 344:1
277:20 321:8 351:17	366:16,19 367:3,11	364:20	417:1 418:1 419:1	345:1 346:1 347:1
353:6 354:19 355:5	367:19,21 368:24	Vigilante (202)	420:1 421:1,25	348:1 349:1 350:1
355:16,18 363:14	369:5 382:7 387:25	270:19 271:7 273:1,5	422:1 423:1,12	351:1 352:1 353:1
364:19 396:2 397:5	387:25 396:3,5	273:8,12,17,23	424:1 425:1 426:1	354:1 355:1 356:1
399:6 408:17 422:6	408:19 410:19	274:1 275:1 276:1	427:1,17 428:1	357:1 358:1 359:1
425:20	418:11,12 419:8,17	277:1,16 278:1	429:1,18 430:1,4,20	360:1 361:1 362:1
	419:20 420:15	279:1 280:1 281:1	431:11	363:1 364:1 365:1
V	421:6,7	282:1,4 283:1 284:1	Vigilante's (1)	366:1 367:1 368:1
vacuum (3)	video (38)	285:1 286:1 287:1	400:8	369:1 370:1 371:1
372:20,21,22	272:21 273:2 277:11	288:1 289:1,9,15,20	Vigilante-10 (2)	372:1 373:1 374:1
validate (1)	293:5 320:3,6,10,11	290:1 291:1 292:1	289:14 430:20	375:1 376:1 377:1
404:14	320:13,15 321:6,18	293:1 294:1 295:1	Vigilante-11 (2)	378:1 379:1 380:1
variable (1)	321:21 334:22	296:1 297:1 298:1	282:8 430:18	381:1 382:1 383:1
424:6	335:3 353:13	299:1 300:1,7,11	Vigilante-17 (2)	384:1 385:1 386:1
variety (1)	358:17,19 359:5,6	301:1 302:1,9 303:1	324:23 430:22	387:1 388:1 389:1
345:5	360:6 361:22	304:1 305:1 306:1	Vigilante-18 (2)	390:1 391:1 392:1
various (1)	362:25 363:4,19,25	307:1,4 308:1 309:1	301:24 430:9	393:1 394:1 395:1
398:15	364:2,19,20 365:8	310:1,14 311:1	Vigilante-19 (2)	396:1 397:1 398:1
vast (2)	365:11 366:5,6,25	312:1 313:1 314:1	319:21 430:12	399:1 400:1 401:1
355:25 356:4	367:2,18 385:6	315:1 316:1 317:1	Vigilante-20 (2)	402:1 403:1 404:1
vent (4)	402:6	318:1,23 319:1,25	323:21 430:14	405:1 406:1 407:1
345:23 397:3,15,19	Videoconference (2)	320:1 321:1 322:1	voice (1)	408:1 409:1 410:1
vents (18)	272:8,15	323:1 324:1,5,21	353:21	411:1 412:1 413:1
290:19 291:2 292:16	VIDEOGRAPHER	325:1,6 326:1,19	VOLUME (1)	414:1 415:1 416:1
292:17,19 293:14	273:2,9 277:10,14	327:1,11 328:1	270:1	417:1 418:1 419:1
311:4 344:8 346:10	334:21 335:2	329:1 330:1 331:1	voluntary (1)	420:1 421:1 422:1
397:17,22 399:5,10	362:24 363:4,7	332:1 333:1 334:1	397:6	423:1 424:1 425:1
400:15 408:21	373:22 385:6,10	335:1,7 336:1 337:1	vs (3)	426:1 427:1 428:1
411:8,13 418:24	402:5,10 429:11	338:1 339:1 340:1	270:6 319:22 430:12	429:1 430:1
version (1)	videos (40)	341:1 342:1,11		wait (5)
321:4	297:20 298:5,13,16	343:1 344:1 345:1	W	277:9 421:20 429:2,2
versions (2)	321:10,12,14 322:2	346:1 347:1 348:1	W (158)	429:2
276:15 320:24	323:13 332:12	349:1 350:1 351:1	273:1 274:1 275:1	wake (1)
versus (1)	350:6,11,17,20	352:1 353:1,25	276:1 277:1 278:1	349:14
407:11	351:14 352:14,15	354:1 355:1 356:1	279:1 280:1 281:1	want (35)
vial (93)	352:23 354:9,17,24	357:1 358:1,5,11,15	282:1 283:1 284:1	274:18,23 282:16
275:20 277:22,22	354:25 355:4 356:2	359:1 360:1 361:1	285:1 286:1 287:1	283:12 287:17,18
278:4,12,18 279:10	357:17,21 358:16	362:1 363:1,9 364:1	288:1 289:1 290:1	288:25 289:2 301:2
280:3,15,24 281:3	363:12,18 365:16	365:1,7 366:1 367:1	291:1 292:1 293:1	302:18 305:21
284:25 287:3,19,20	365:22 367:25	368:1 369:1,7 370:1	294:1 295:1 296:1	313:7 325:6 328:12
288:7,12 291:4	368:7,11,12,19,19	371:1 372:1 373:1	297:1 298:1 299:1	329:17,19 334:12
295:19 296:17	368:23 420:19	374:1 375:1 376:1	300:1 301:1 302:1	347:11 348:8,20
297:4,24 298:22	427:11	377:1 378:1 379:1	303:1 304:1 305:1	349:12,14 351:24
304:2,2,6,15,16,25	videotaped (2)	380:1 381:1 382:1	306:1 307:1 308:1	352:10 365:8
312:24 315:4	270:19 271:6	383:1 384:1 385:1	309:1 310:1 311:1	370:22,25 377:17
320:18 326:22	view (9)	386:1 387:1 388:1	312:1 313:1 314:1	377:17 378:3
327:3,15,22 328:15	279:12 322:23 336:25	389:1 390:1 391:1	315:1 316:1 317:1	381:17 385:2
328:23 333:4 340:9	366:4 415:10,12	392:1 393:1 394:1	318:1 319:1 320:1	397:10 422:19
340:17,24 341:8,9	417:4,6,15	395:1 396:1 397:1	321:1 322:1 323:1	428:5

wanted (1)	297:22 298:12,20	431:17	X	355:4,25 367:25
394:14	306:24,25 307:24	William (9)		368:7 420:19
warn (2)	311:14 313:24	270:19 271:7 273:5	X (4)	300.7 420.17
328:2 348:2	314:2 315:3,5	273:12 289:15	383:18 423:23 430:2	
warned (5)	316:19 319:8 321:5	429:18 430:4,20	430:7	Z (2)
309:10 349:20 388:24	321:23 328:12	431:11	Y	272:14 383:18
389:2 390:9	336:10 337:16	Williams (3)		272.14 303.10
warning (50)	341:7 342:12	270:14 271:8 272:2	Y (1)	0
279:17,24 280:5	344:15 351:18	wisdom (1)	383:18	08002 (1)
290:5 292:6 294:11	354:7 355:5,23	319:2	yeah (95)	272:4
295:9 305:18 306:7	357:8 360:22 361:2	withdraw (1)	276:7 281:20 283:5	272.4
308:20 309:14	361:5,8,11 362:9	394:12	290:14 291:8,18	1
319:11 328:9	364:3,20 365:24	witness (31)	292:5,18,23 293:8	1(4)
329:14 336:12,14	367:18 368:2,13,13	273:3 277:3 282:7	293:21 294:14,17	282:15 334:23 398:23
336:21 337:11,12	368:22 377:12	289:22 293:8 300:9	295:11,21 298:10	399:3
337:19 338:25	378:23,24 384:11	302:5 324:2 325:3	300:13 301:3,9	1:04 (1)
339:6,9,16,21	386:13 387:5,7	334:5,20 358:6	302:14 303:17,19	385:8
340:11,25 343:24	411:10 417:24	362:22 373:15,19	303:24 306:3 307:8	385:8 1:15 (1)
344:3,6,8,23 346:13	418:17 423:18	374:3 384:18 385:2	307:15,23 308:16	385:9
346:16,24 347:4,11	431:16	385:25 402:3	309:2 310:12,18	1:35 (1)
347:23 348:23	ways (6)	419:14 421:18,21	311:20 312:16	400:19
350:2 376:20 377:2	286:21 287:22 346:17	423:8,21 427:15,18	314:6 315:10,21	1:37 (1)
389:22 395:8,14	347:5,8 348:3	430:3 431:11,13,17	318:20 321:9	402:8
417:9,11,11,19,20	we'll (4)	Woodland (1)	322:10,18 326:6,16	10 (4)
warnings (43)	280:5 293:23 402:2	272:3	327:24 328:9 331:8	289:13,21 405:21
291:12 294:2,4,5,5,23	427:25	word (1)	331:24 332:3	422:13
295:12 297:6,13	we're (14)	343:24	335:22,25 337:21	
316:9,16 319:3,7,16	277:10 282:19 300:24	words (4)	338:15,17,21 340:3	10:27 (2)
328:7 345:3,4,15	365:15 384:20	285:8 312:19 357:4	340:20,21 341:11	270:16 273:11
354:4 357:9 377:14	395:8,9,11,13,16	364:23	341:21 343:3,14	10:30 (1)
378:10,19 383:12	399:25 400:4 425:3	work (1)	345:9,13 346:18	349:6
384:3 386:24 387:9	425:5	273:25	353:22 356:11	10:31 (2)
387:17,20,22 388:7	we've (12)	working (1)	357:2 359:12	277:11,12
388:19 390:15	306:8 329:24 334:14	394:22	361:10,25 362:18	10:32 (2)
391:9,9 404:12	377:23 383:24	world (2)	363:3 369:25	277:13,14
417:5,16,18,18	398:19 413:23	280:13 286:3	371:16 374:25	100 (3) 343:19 367:12 423:2
418:19 426:6,16	420:11,19,19	worries (1)	376:11 378:18	343:19 307:12 423:2 11 (3)
wasn't (11)	424:21 425:9	371:12	383:16 384:4,22	282:5,16 350:4
279:3 298:24 332:13	weekend (1)	worst (1)	386:7 392:6 393:14	
338:10 376:23	427:20	280:13	396:20 398:16	11:42 (1) 334:24
379:5 383:16	welcome (2)	wouldn't (5)	402:23 411:5	11:43 (1)
392:22 414:18	421:21 423:8	276:22 310:15 329:13	412:19 417:8,17	334:23
415:25 421:13	Wells (1)	340:21 417:19	418:15 419:11,21	112521 (1)
watch (1)	272:8	write (2)	421:9 422:22	270:25
368:25	went (7)	282:22 290:2	423:22	12 (3)
watched (2)	277:3 301:5 322:25	written (5)	years (4)	300:8,16,21
321:11 361:22	329:25 354:23	319:7 377:8 383:23	362:2 396:12,17,25	12:01 (2)
watching (2)	396:21 410:5	411:11 425:16	Yep (2)	334:25 335:5
362:3 364:2	weren't (1)	wrong (10)	334:20 373:21	12:36 (1)
way (74)	396:13	286:19 295:24 310:24	York (2)	363:5
275:17 279:3 280:21	wet (1)	310:24 330:21,22	271:18 431:9 VouTube (20)	12:37 (2)
285:22 286:9,23	389:18	344:14 368:13	YouTube (20)	363:4,6
287:8,15,18 289:4	whatsoever (4)	416:16 422:13	297:20 298:4,13,16	12:38 (1)
293:19,23 294:13	399:18 401:16 418:5	wrote (1)	332:12 350:6	363:7
294:19,20,21,22	418:8	362:9	351:14 352:14,15	303: / 13 (1)
296:3,5,6,24,25	whereof (1)	302.7	352:23 353:13	398:25
			354:9,17,24,25	370.43
	•		•	•

				Page 2	<u>. T</u>
	I	l	l	1	
13:05 (1)	295:18 298:7 307:22	301 (1)	7		
385:7	331:2 335:19	430:9	7 (1)		
13:15 (1)	340:10	30326 (1)	329:4		
385:12	2012 (2)	272:16	722 (3)		
13:38 (1)	390:3 396:9	319 (1)	301:25 302:15 430:10		
402:7	2013 (15)	430:12	7a (1)		
1300 (2)	337:3,14,17,20 356:2	323 (1)	, ,		
270:15 271:9	356:17,24 357:9	430:14	336:22		
14 (1)	389:22 390:3,4	324 (1)	7th (3)		
398:25	395:25 396:9,17	430:22	337:14,17,20		
14:37 (1)	397:4	3300 (1)	0		
402:12	2016 (15)	272:8	8		
15 (3)	270:16 271:5 273:11	3560 (1)	8th (6)		
3 7	282:6,9 289:16	272:16	295:18 298:6 307:22		
326:4,11 398:25	335:4 336:17		331:2 335:19		
15:10 (1)		358 (1)	340:10		
429:13	385:11 402:12	430:5			
1515 (2)	429:22 430:19,21	4	9		
270:15 271:8	431:18 432:23		9 (4)		
16 (3)	203 (1)	4 (3)	303:20,23 304:6		
282:9 399:2 430:19	331:9	350:8 398:24 408:11	398:25		
16th (1)	205 (1)	421 (1)	90 (1)		
282:6	331:9	430:6	272:9		
17 (11)	21 (2)	423 (1)	95th (1)		
301:6,22,22 324:22	336:15,19	430:6	355:21		
325:10 326:5,7,11	210 (1)				
326:17,20 399:2	272:3	5			
18 (6)	23 (2)	5 (5)			
301:2,11,23 302:7,10	270:16 271:5	328:23,24 350:8			
399:2	23rd (4)	364:9 398:24			
19 (8)	273:10 335:4 385:11	500 (1)			
289:16,21 300:24	402:11	423:2			
320:3 321:7,19	242 (1)	501(k) (3)			
322:15 430:21	306:25	369:20 394:23 407:22			
19102 (2)	250 (2)	510(k) (5)			
270:15 271:10	306:23 308:3	369:15 391:13 392:4			
19th (1)	250-page (1)	393:13 407:18			
336:17	308:13	522 (2)			
330.17	26th (1)	301:25 430:10			
2	431:18	55402 (1)			
$\frac{2}{2(3)}$	273 (1)	272:9			
335:4 364:9 402:7	430:5	5th (1)			
2:36 (1)	282 (1)	355:22			
	430:18	333:22			
402:9		6			
20 (5)	289 (1)				
323:18 324:4,6	430:20	6 (13)			
400:19 422:9	3	280:14 287:19 288:20			
2000 (4)		325:10 326:21			
275:5 277:18 390:19	3 (5)	328:20,25 329:3,10			
393:21	370:16 398:24 402:11	331:7 340:18 369:4			
2001 (2)	402:16 429:12	398:24			
390:19,19	3:10 (1)	60 (1)			
2002 (1)	429:14	303:4			
297:19	3:11-CV-01229 (1)	61 (3)			
2006 (2)	270:7	303:4,19 308:12			
369:22 375:12	30(b)(6) (1)	67 (1)			
2009 (6)	407:12	391:24			
				1	